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County Borough of Southampton.

Annual Report

ON THE

SCHOOL MEDICAL SERVICE

For the Year 1938,


BY

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,

School Medical Officer and Medical Officer of Health

FOR THE

County Borough and Port of Southampton.



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Southampton:

SOUTHERN NEWSPAPERS, LIMITED, 45, 47 AND 49 ABOVE BAR.

MCMXXXIX.

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Chairman : ALDERMAN H. J. BLAKEWAY.

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*Secretary :—*F. L. FREEMAN, M.A.

School Clinic (Joint) Sub-Committee :

Members of the Education Committee :

ALDERMAN H. J. BLAKEWAY	COUNCILLOR I. BAKER.
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ALDERMAN A. E. UDALL, J.P.	COUNCILLOR R. J. STRANGER, M.C.
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ALDERMAN T. H. SANDERS.	COUNCILLOR W. LEWIS.
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	STONEHOUSE.

COUNTY BOROUGH of SOUTHAMPTON.
1938.

ANNUAL REPORT
OF THE
Medical Officer to the Education Committee
ON THE
SCHOOL MEDICAL SERVICE.

STAFF.

Medical Officer of Health and School Medical Officer :—

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant School Medical Officer :—

G. D. PIRRIE, B.A., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers :—

A. CARLING, B.M., CH.B., D.P.H. (Left 25/6/1938).

JULIA C. H. AVERY, M.D., B.S., M.R.C.S., L.R.C.P.
(Left 8/1/1938).

RUBY J. B. SLATER, M.B., CH.B., D.P.H.
(Commenced 11/1/1938).

E. A. HOARE, M.R.C.S., L.R.C.P., D.P.H.
(Commenced 1/8/1938).

S. CHALMERS PARRY, M.R.C.S., L.R.C.P., D.P.H.

†DORA E. L. BUNTING, M.D., B.S., D.P.H.
(† Secondary Schools only).

Ophthalmic Surgeon (part time) :—

J. KEYMS, M.D., D.O.M.S.

Aural Surgeon (part time) :—

A. RUSSELL, M.B., CH.B.

Orthopædic Surgeon (part time) :—

H. HEBER LANGSTON, M.B., B.S., F.R.C.S.

Psychiatrist (part time) :—

SYBIL L. YATES, M.R.C.S., L.R.C.P. (Commenced 1/3/1938).

Speech Therapist (part time) :—

A. P. TOLFREE, M.S.S.T.

Dental Surgeons :—

K. W. EADY, L.D.S., R.C.S. (Senior Dental Officer).

L. J. HAWORTH, L.D.S., R.C.S.

H. E. PICKERING, L.D.S., R.C.S.

B. GILBERT, L.D.S., R.C.S. (Left 31/8/1938).

C. A. BLANDEN, B.D.S. (Commenced 1/9/1938).

Psychologist :—

MISS K. M. ARNOLD, B.A., M.R.S.T. (Commenced 1/3/38).

Psychiatric Social Worker :—

MISS E. E. IRVINE, B.A. (Commenced 1/3/38).

Health Visitors and School Nurses :—

Superintendent :—MISS C. M. RITCHIE.

Assistant Superintendent :—MISS F. E. LAMBERT.

Health Visitors :—MISS L. PRESTON, MISS M. PINK, MISS G. BRYETT, MISS D. QUARRELL, MRS. E. STEPHENS, MISS L. CAMBRIDGE, MISS G. STEER, MISS K. CLACK, MISS M. HOLT, MRS. M. RIDGEWAY, MISS R. CHAPMAN, MISS D. GIRDLER, MISS G. RICHENS, † MISS A. JACKSON, MISS E. PRESCOTT.

(† Resident at Summer School while open).

East Park Terrace Clinic :—*MISS A. RYDER.

Sydney House Clinic :—MISS M. C. SAMSON.

Orthopaedic Nurse and Masseuse :—

MISS F. M. COX, M., M.G., M.E.

Assistant Nurses :—*MISS E. M. BRADLEY, *MISS F. V. FRENCH.

(With the exception of those marked *, who are full time members of the School Medical Department, the Health Visitors give 4/15ths of their time to the school work).

Clerical Staff :—

Senior Clerk :—W. J. MANNING.

Clerks :—G. A. LANE, MISS J. A. TINGEY, MISS D. REED, MISS R. M. RUSSELL, MISS M. POWELL (temporary), E. A. SAWYER, H. W. REEVES, E. JAMES.

To the Chairman and Members of the

Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

As Medical Officer to the Education Committee, I have the honour to submit my eighth Annual Report. This document is the thirty-first of the series dealing with the work of medical inspection, treatment, and physical condition of the children attending the Elementary Schools in the County Borough, and the nineteenth report on the work carried out in the Secondary Schools.

I have to report the initiation of two important services during the year. The Asthma Clinic, which was commenced in February, and the Child Guidance Clinic, which was opened in March.

The Asthma Clinic consists of a treatment room where detailed examinations and individual treatments are given, and a waiting room in which group treatment and remedial breathing exercises are carried out. The Clinic is conducted by the Senior Assistant School Medical Officer. The cases are referred from school inspections, and are only accepted for treatment when the consent of the private practitioner has been obtained. Up to the end of the year 29 children attended and success was achieved in many cases. The continuance of this Clinic is definitely indicated, as there has not only been a great saving financially compared with the cost of Residential Open Air School treatment, but many of the mild and early cases have improved.

The accommodation provided for the Child Guidance Clinic and the duties of the staff were dealt with in my last report. It has not been possible, owing to the long waiting list, to accept any cases outside the County Borough area, and with 140 cases still to be dealt with, the chance of their inclusion is unlikely for some time. The intelligence tests carried out by the Psychologist have reduced the long list of cases waiting to be seen by the Certifying Officers. There has been an increase in the number of cases found to be educationally backward, and during the year two additional classes for this type of child were introduced. A full account of the work of the Clinic will be found on page 48.

The treatment of defects of the eyes and of the ears, nose and throat has been from its inception the most important of the services connected with school medical departments' work. One cannot fail to appreciate the need for a child population that leaves school free from defects of these organs. Therefore the Specialists' Clinics that provide for their investigation and treatment are widely used by the public. It is true that medical opinion changes, and during recent years tonsillectomy has not been advocated to the same extent, as was practised a few years ago, but such a reduction in the activities of a Clinic does not mean a decline in its useful services. Popular opinion has always been in sympathy with blindness and this has led to a wide demand for the treatment of defects of vision ; there is now a growing realisation that the limitations imposed by deafness, partial or complete, are little less. Developments in technique have made it possible to estimate accurately slight defects of hearing, which will lead to treatment medically and the overcoming of educational handicaps.

The public still take a keen interest in the state of general nutrition, especially that of the child population. The percentage considered to be malnourished in the whole country remains very similar from year to year, and the figures in this town, while they show an improvement, approximate to them. In this respect it should be noted that, while all the dairies that supply milk to the schools are not of the same high standard of equipment, yet they are all kept under observation by the Health Department and all the milk supplied is pasteurised.

The need for the new Orthopædic Clinic building is apparent as shown by the large number of cases which attend the present inadequate premises. A Drinker respirator, or iron lung, is installed at the Lord Mayor Treloar's Cripples' Hospital, Alton, and it was decided to transfer all children there directly they were notified as suffering from poliomyelitis. Owing to the generosity of Mrs. F. R. Brown and those who subscribed to her appeal a Drinker respirator and an oxygen tent have been installed in the Southampton Isolation Hospital. This will reduce the need for removal of cases to Alton, because of diaphragmatic paralysis, but will not affect the need for the best Orthopædic treatment from the onset of the disease.

Though there is no doubt that since the introduction of the cleanliness inspections there has been a great improvement in the cleanliness of school children, this is only obtained by the exercise of vigilance and cannot be left to the care of the parents alone. Certain families can be counted on to send their children to school in an unclean condition and these children are a constant source of infection to their companions.

The School Dental Service has made further progress this year. The number of children receiving treatment at the Clinic of those recommended was 83.9% for Elementary Schools, and 61.3% for Secondary Schools. This is a considerable increase over last year and for Elementary Schools it is 21.3% higher than the average for the country for 1937. The progress, however, has been accompanied by a serious decline in the number of children examined, and it was only possible to deal with 70% of the present school population.

This decline is not due to a decrease in the amount of work carried out by the dental surgeons, who have in fact done more than in former years. Under these circumstances, and with an addition in 1940 of another age group, it will be necessary either to increase the staff or to restrict the scheme in order to carry out the annual inspection, which is so important to the working of a successful School Dental Service.

An effort has been made this year to immunise a large proportion of the child population against diphtheria. The success attending such efforts in other countries is an example we have, on the whole, been slow to follow in this country. A large number of children have been immunised as a result of our campaign but most of them have been school children. It is for their younger brothers and sisters that our chief appeal is made, but parents seem often to be reluctant to allow them to be immunised. The campaign is only a beginning as it is essential to keep the importance of immunisation always in the minds of parents. A large part of the success is due to the school teachers who have encouraged the children and parents and dealt with the distribution of the immunisation forms.

The present system of using school nurses who devote most of their time to other work, has many disadvantages. It should be possible for a nurse to be attached to a group of schools and to attend daily to treat minor ailments; with our present staff this is impossible. In addition to the Clinics at East Park Terrace and Sydney House, the branch Clinics at Swaythling and Shirley Warren Schools are open daily, and minor injuries attended to by nurses.

As will be seen from the list of staff on the previous pages several changes have taken place during the year. Dr. Julia Avery left in January, 1938, and Dr. Ruby Slater was transferred from the Isolation Hospital staff to fill the vacancy, she commenced duty on the 11th January, 1938.

The Child Guidance Clinic was opened on the 1st March, 1938, and Dr. Sybil Yates was appointed Psychiatrist.

Dr. A. Carling left in June to take up an appointment under the Hampshire County Council and his place was taken by Dr. E. A. Hoare, who was previously Assistant Resident Medical Officer at the Southampton Borough Hospital.

Several changes have also taken place among the Dental, Health Visiting and Clerical staffs.

The Education Authority are now able to send physically defective children to the Residential Open Air School, run by the Tottenham Urban District Council at Hayling Island, as well as to St. Catherine's Home, Ventnor, and the waiting list has thus been reduced considerably. There is still a need for a non-residential school of this type. The Summer School meets a part of this need, and its success and popularity is increasing, though the care taken to exclude children with nits or vermin in their heads caused a certain amount of recrimination this year.

The raising of the school leaving age will increase the gap between the last routine inspection of every child and its leaving school. While some authorities believe that one or more routine inspections might be dispensed with, leaving the school teachers, parents and health visitors to bring early defects in the children to the notice of the medical officers, others would rather include a fourth inspection, feeling that this is a surer way of detecting early departures from the normal. There can be no argument about the need of an inspection soon after admission to school, nor that one should take place as near as possible to the end of school life. I feel that to forego routine inspections in the interval between is to take an unnecessary risk and to place too great a responsibility on the teaching staff, and, while they should have every opportunity to bring special cases to the notice of the Medical Officer, every child should also be submitted to routine medical inspection at least once in the interval.

In 1935 the Board of Education issued memorandum No. 137, suggesting co-operation between the School Medical Service and the Juvenile Employment and Advisory Committee with regard to the transfer of information about those children who were considered to be unsuitable to undertake certain types of work. A scheme was put into operation in Southampton in 1936, which provided for the re-examination, at 13 years of age, of any indicated case, and as soon as the child left school the particulars

were sent to the Juvenile Employment and Advisory Committee for their information. In many cases, however, the Committee had found employment prior to the child leaving school, with the result that the information sent could not be used to its full advantage. It was, therefore, found advisable to transfer the information immediately after the re-examination, and to forward reports of subsequent examinations later.

On 4th April, 1938, the National Health Insurance (Juvenile Contributors and Young Persons) Act came into operation, the general effect of which was to provide medical benefit for boys and girls who leave school and become insurably employed under the age of 16 years. In Section 6 of the Act it was made a duty for the Local Education Authority to furnish on application of a medical practitioner, or of the Insurance Committee on his behalf, for his confidential information, particulars as to the school medical record of any young person whom he has accepted for treatment. Up to the end of the year 46 records were supplied to eight private practitioners. One realises the value of the information being transferred, and it is to be hoped that this demand will continue to increase. Although many difficulties may be apparent, I consider that the transfer of the actual medical record would serve a better purpose, and involve less work than the completion of the card at present in use.

With the introduction of these two important links between the School Medical Service and the Insurance and Juvenile Employment Committees, the school medical records become more valuable, and it is most important that the full history of each child may be available without delay.

In 1936 an envelope system for the collection of this information was introduced, and since then additions and improvements on the original idea have been made. I now consider that the scheme is fully efficient, and the following are details of the method at present in use. A medical inspection card is completed for every new entrant to school, and is placed in a buff-coloured envelope. This card gives details of the personal and family history; the three routine examinations, the special and re-examinations, and the treatment recommended. The card is also labelled "Special" if the child has been dealt with under Section 55 of the Education Act, 1921. Where treatment is recommended a "Treatment Card" is completed and enclosed, on which is recorded a summary of the Specialists' reports. In addition, the envelope contains the Health Visitor's following-up card; Maternity and Child Welfare records; reports from the

Child Guidance and Tuberculosis Clinics ; counterfoils of forms relating to uncleanliness, and any other information of importance. There is, therefore, a concise record available for the examinations held on school premises, and the full clinical particulars may be collected with the minimum of delay.

The transfer of information between Authorities is now carried out in Southampton for every case, and the importance of this arrangement points to the urgent necessity of a standardisation both in size and text of records.

In conclusion, I desire to express my appreciation and thanks to the Chairman and Members of the School Clinic (Joint) Sub-Committee for the courtesy with which they have considered my many suggestions and recommendations. I wish also to thank the following for their co-operation and assistance : the Education Department, the Teachers, the National Society for the Prevention of Cruelty to Children, the Southampton Mental Welfare Association, and the staffs of the Voluntary Hospitals. To the staff of the Department—Medical, Nursing, Dental and Clerical—I tender my best thanks for their ready, willing and conscientious work on behalf of the School Medical Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

H. C. Maurice-Williams.

School Medical Officer.

SCHOOL MEDICAL INSPECTION AND HYGIENE.

CO-ORDINATION.

The arrangements for the co-ordination of the Public Health Services and the School Medical Service remain the same as last year.

In Southampton the closest co-operation is maintained, as the medical and nursing staff carry out both Public Health and School Medical work, while the administration is directed by the Medical Officer of Health, who is also the School Medical Officer and Superintendent of the Municipal Hospitals. This means that the School Medical Department functions as a unit of the Health Department, with all the resources of the latter available.

SCHOOL HYGIENE.

During the year the first part of a new school at Aldermoor has been completed and occupied. The erection of the second part is about to be commenced. The infants' lavatory accommodation consists of 11 pedestal pans and one urinal with automatic flushing. The finished part of the building provides accommodation for 600 junior and infant children, and when the whole school is completed there will be accommodation for 400 juniors and 400 infants, and, in addition, classrooms are provided for senior children in connection with the use of the extensive playing fields which form a part of the site.

A new junior school at Bitterne Park has been opened and occupied, but will not be used as a re-organised junior school until the old school building has been adapted for the purposes of a senior school. Fifteen pedestal pans and one urinal with automatic flushing are provided at this school.

Constructional improvements are being carried out at Bitterne Park School, which will ultimately serve that area as a senior school.

A new senior girls' school is in course of erection in Middle Road, Sholing, and considerable additions are being made to Station Road School.

About 80 acres of land have been acquired at Swaythling for the purposes of playing fields for both Elementary and Secondary Schools.

Improvements have been carried out at Highfield and Bitterne C. of E. Schools.

Bassett Green Junior Boys' and Girls' Schools were opened during the year.

Semi-permanent buildings at Itchen Secondary School have been removed, and a new hall, gymnasium and cloak-rooms have been provided. The alterations include the installation of 13 pedestal pans and one urinal with automatic flushing.

SANITARY CONVENIENCES IN THE ELEMENTARY AND SECONDARY SCHOOLS,

and the various centres under the control of the Education Authority.

REVISED LIST OF SANITARY CONVENIENCES :—

IN PROVIDED SCHOOLS.

- 818 Pedestal pans flushed by separate cisterns.
- 4 Hopper closets flushed by automatic tanks.
- 75 Urinals flushed by sparge pipes.

NON-PROVIDED SCHOOLS.

- 104 Pedestal pans flushed by separate cisterns.
- 17 Hopper closets flushed by automatic tanks.
- 14 Urinals flushed by sparge pipes.

SECONDARY SCHOOLS.

- 110 Pedestal pans flushed by separate cisterns.
- 6 Urinals flushed by sparge pipes.

MEDICAL INSPECTION.

Accommodation was provided in the public elementary schools for 29,320 children, while the number on the registers was 23,302. The average attendance was 20,993.

The number of schools and departments in the Borough is :—

Number of schools—	...	...	...	39
Number of departments.—				
Boys	...	...	...	19
Girls	...	...	...	19
Infants	...	...	...	23
Juniors and Infants	...	...	...	4
Juniors	...	...	...	9
Mixed Departments	...	...	...	6
				—
				80
				—

The number of children examined at the routine inspections in the specified age groups during 1938 was 8,252, or 39.3 per cent. of those in average attendance. Of this number, 2,599 were

"Entrants," 2,809 were "Intermediates," and 2,844 were "Leavers." In addition, 7,607 special examinations were made by the Medical Officers of children referred by parents, nurses, school teachers or attendance officers. The number of re-inspections carried out was 17,100.

The following table shows the number examined.

	Entrants.		Intermediates.		Leavers.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Aldermoor ...	29	35	—	6	—	—
Ascupart ...	46	28	23	47	—	1
Bassett Green ...	93	77	50	53	—	—
Bevois Town ...	47	38	37	26	20	28
Bitterne C. of E. ...	40	27	47	65	42	52
Bitterne Manor ...	18	17	20	15	2	2
Bitterne Park ...	66	62	68	68	76	64
Central ...	54	51	85	75	75	78
Coxford ...	—	—	—	39	—	—
Deanery ...	—	—	—	1	132	106
Eastern ...	50	46	68	31	5	—
Foundry Lane ...	46	45	53	54	43	63
Freemantle... ...	21	16	30	26	28	33
Highfield ...	26	28	15	13	15	18
Ludlow Road ...	76	68	17	48	144	128
Merry Oak ...	—	—	—	—	50	61
Mount Pleasant ...	13	30	45	32	39	47
Northam ...	34	36	59	59	53	46
Portswood ...	32	36	56	38	68	70
Pear Tree Green ...	—	—	92	56	—	—
Regent's Park ...	52	50	50	70	85	110
Station Road ...	44	40	—	—	—	—
St. John's ...	29	24	17	24	2	2
St. Joseph's ...	8	12	15	13	18	16
St. Jude's ...	20	29	38	32	—	—
St. Denys ...	22	23	33	34	34	29
St. Mark's ...	6	7	18	14	18	9
St. Mary's ...	6	9	10	24	—	—
Shirley ...	64	45	82	86	22	—
Shirley Warren ...	156	111	102	43	126	120
Sholing ...	101	75	34	87	71	—
Springhill ...	16	23	29	36	39	31
Swaythling... ...	41	49	83	78	117	107
Western ...	59	58	78	59	75	104
Woolston ...	41	28	41	40	48	45
Woolston R.C. ...	9	11	11	11	10	17
Totals ...	1365	1234	1406	1403	1457	1387

Total Number of Children ... 8252

ATTENDANCE OF PARENTS.

The attendance of parents at the routine inspections during 1938 shows an increase compared with the figure for 1937, and is the highest ever recorded.

The following table shows the attendance of parents during the year, with comparative figures for the previous five years.

AGE GROUP.	Number of Children Inspected.	Number of Parents Present.	Percentages in					
			1938	1937	1936	1935	1934	1933
12 years,								
Boys ...	1457	990						
Girls ...	1387	1149						
	—2844	—2139	75.2	76.4	71.7	71.5	71.2	71.9
8 years,								
Boys ...	1406	1279						
Girls ...	1403	1240						
	—2809	—2519	89.7	88.8	87.7	86.6	87.5	87.6
Entrants,								
Boys ...	1365	1286						
Girls ...	1234	1186						
	—2599	—2472	95.1	92.3	96.1	92.0	94.6	92.4
Totals ...	8252	7130	86.4	85.1	85.9	83.8	83.8	83.4

FINDINGS AT MEDICAL INSPECTION.

WEIGHT, HEIGHT, AND CHEST MEASUREMENTS.

The weight and measurements of each child to be medically examined at routine inspections are ascertained by a Health Visitor shortly before the Medical Officer's visit.

The statistics given below for the routine age groups have been obtained by the same methods as in previous years, and comparative figures for the previous five years are also given.

COMPARATIVE TABLE OF CODE AGE PERIODS.

BOYS.

12 Years.	WEIGHT.			HEIGHT. inches.	CHEST MEASUREMENT. inches.
	st.	lbs.	ozs.		
1938	5	4	7.9	56.5	24.8
1937	5	3	14.8	54.7	25.7
1936	5	2	3.6	53.7	24.7
1935	5	4	1.1	54.9	25.4
1934	5	4	7.4	55.1	25.7
1933	5	4	13.1	55.3	25.4

8 Years.

1938	3	8	5.5	47.4	22.6
1937	3	9	8.6	47.6	23.1
1936	3	9	8.8	47.2	22.8
1935	3	10	10.3	47.4	24.5
1934	3	10	2.4	47.3	24.3
1933	3	11	1.0	47.9	24.1

5 Years.

1938	2	12	10.0	41.7	21.2
1937	2	13	11.0	42.3	21.5
1936	3	0	4.1	42.8	21.5
1935	3	2	5.2	42.8	22.5
1934	2	13	8.5	42.6	22.4
1933	2	13	7.6	42.6	21.9

GIRLS.

12 Years.

1938	5	5	4.3	55.2	25.4
1937	5	5	1.0	55.0	25.6
1936	5	3	11.6	55.2	25.2
1935	5	7	0.6	55.7	26.3
1934	5	6	5.3	55.3	26.2
1933	5	6	9.1	55.4	26.1

COMPARATIVE TABLE OF CODE AGE PERIODS—Continued.

GIRLS—Continued.			
8 Years.	WEIGHT.		CHEST
	st.	lbs. ozs.	MEASUREMENT.
			inches.
1938	3	8 2.0	46.2
1937	3	7 13.3	47.2
1936	3	10 2.7	47.4
1935	3	9 1.5	47.5
1934	3	9 3.5	47.7
1933	3	9 3.9	47.6
5 Years.			
1938	2	10 12.8	46.0
1937	2	13 7.3	43.2
1936	2	13 2.6	42.4
1935	2	12 9.4	42.1
1934	2	12 1.0	42.0
1933	2	11 6.0	41.6

NUTRITION.

The difficulty of the assessment of malnutrition has been dealt with in my previous Reports, and by other special investigations elsewhere. No more satisfactory method for use at school inspections than a clinical one has been introduced, so that the results of this year's classifications are again the individual impressions of the Assistant School Medical Officers.

The detailed figures given in the following table show a considerable increase in the "normal" cases, especially in the second age group. The decrease in the percentage of children found to be suffering from "slightly sub-normal" or "bad nutrition" is encouraging, but it must not be taken as an indication that extra nourishment may be proportionally discontinued.

**CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR
IN THE ROUTINE AGE GROUPS.**

Age Groups.	No. Inspected.	A. Excellent.		B. Normal.		C. Slightly Sub-normal.		D. Bad.	
		No.	%	No.	%	No.	%	No.	%
Entrants	2599	388	14.9%	1851	71.2%	353	13.6%	7	.3%
Second Age Group ...	2809	311	11.0%	2220	79.1%	272	9.7%	6	.2%
Third Age Group ...	2844	351	12.3%	2257	79.4%	230	8.1%	6	.2%
Total	8252	1050	12.7%	6328	76.7%	855	10.4%	19	.2%

The action taken in respect of the 19 cases of "Bad" nutrition was as follows:—

Number supplied with Cod Liver Oil and Malt	...	...	6
" " " Cod Liver Oil, Malt and Milk	...	...	8
" " " Milk	...	...	2
" referred to own Doctor, Dispensary or for special investigation	...	...	3
		19	—

CLEANLINESS.

The surprise visits to every school each term have again been carried out by the Health Visitors, together with the re-inspection of the children found unclean. Of the total of 76,482 examinations, 2,841 Form A's were issued in respect of mild cases, and 601 Form B's were issued in respect of cases of multiple nits or vermin. The number of individual children found unclean has increased from 1,663 in 1937 to 1,861 this year. The reason for this increase is due to the fact that instructions were given to the Health Visitors to exclude all children from school, except those showing few nits. It is a fact that these cleansing inspections have been in operation long enough for the parents to realise that the Committee intends to take strong action against those who neglect the obvious duty of keeping their children in a clean condition.

From statistics prepared in July, it was quite evident that the majority of the uncleanliness was to be found in the girls' departments, and arrangements were made to carry out these inspections during the early part of each term. It is hoped that this may result in a general improvement.

In Southampton facilities are provided for the cleansing of the children found unclean, and the following are details of the work performed :—

Number of individual children cleansed ... 398

Of this number 331 children attended once.

“	“	52	“	“	twice.
“	“	13	“	“	three times.
“	“	1	child	“	four times.
“	“	1	“	“	six times.

Total 398

There were therefore 484 attendances for cleansing, and in each case complete treatment was given. In four cases proceedings were instituted under Section 87 of the Education Act, 1921, and in each case a fine of 10/- was imposed.

SKIN DISEASE.

The number of skin defects found in the course of routine medical inspection is still small. This is because the facilities provided enable the treatment of these defects to be carried out immediately they are discovered, and are thus recorded as special cases. Detailed particulars of treatment are explained later in this Report.

DEFECTIVE VISION AND EYE DISEASE.

There has been a decrease of .9 per cent. in the total number of cases referred for treatment of defective vision, but in the leavers age group the incidence has increased. The details in respect of squint and external eye conditions remain similar to those of last year.

The following table shows the incidence of eye defects in the various age groups:—

DEFECTS OF THE EYES REQUIRING TREATMENT OR OBSERVATION
FOUND AT ROUTINE MEDICAL INSPECTION, 1938.

Age Group.	Number Examined.	Defective Vision.		Squint.		Other Conditions.		Total.	
		Number	%	Number	%	Number	%	Number	%
Entrants ...	2599	94	3.6	16	.6	11	.4	121	4.6
Intermediates	2809	229	8.1	10	.4	3	.1	242	8.6
Leavers ...	2844	246	8.6	2	.1	9	.3	257	9.0
Totals ...	8252	569	6.9	28	.3	23	.3	620	7.4

The particulars of the vision acuity is given in the following table, and it is interesting to record that since the introduction of the special testing charts for the entrants, it has been possible to test nearly all the cases presented for medical inspection. The number found defective has decreased considerably, due in a certain degree to the more correct results obtained from this new method. This year the percentage of defective vision recorded has been calculated in relation to the number tested, and not as in previous years to the total number examined.

Group.	Number Examined.	Cannot Read. Tested.	Number Tested.	6/6	6/9	6/12	6/18	6/24	6/36	6/60	%
Boys, 12 years	1457	R } L }	1455	1248	128	43	22	5	7	2	—
		.1% 2		94.6% 1220	137	38	29	5.4% 15	9	*	7
Girls, 12 years	1387	.1% —	1387	93.3% 1186	124	35	20	6.7% 14	6	2	—
		.0% —		94.4% 1185	129	36	17	5.6% 11	9	—	—
Boys, 8 years	1406	.0% 5	1380	94.7% 1078	249	29	16	5.3% —	7	1	—
		1.8% 5		96.2% 1053	254	41	19	3.8% 3	9	1	—
Girls, 8 years	1403	1.8% 4	1383	98.7% 1181	184	14	2	1.3% 2	—	—	—
		1.4% 4		98.7% 1195	174	8	2	1.3% 2	—	2	—
Boys, Entrants	1365	1.4% 4	1338	99.0% 1200	127	6	2	1.0% —	—	3	—
		2.0% 4		99.2% 1198	130	7	1	.8% —	—	2	—
Girls, Entrants	1234	2.0% 4	1214	99.3% 1012	184	14	2	.7% 2	—	—	—
		1.6% 4		98.5% 1025	174	8	2	1.5% 2	—	3	—
		1.6% —		98.8% —				1.2% —			

CHRONIC TONSILLITIS AND ADENOIDS.

There has been a slight increase in the number of children referred for treatment or observation this year.

The following table gives details of the defects found in the various age groups :—

DEFECTS FOUND AT MEDICAL INSPECTION REQUIRING TREATMENT OR OBSERVATION, 1938.

Age Group.	Number Examined.	Chronic Tonsillitis.		Adenoids.		Tonsillitis and Adenoids.		Total.	
		Number	%	Number	%	Number	%	Number	%
Entrants, 5-6 years	2599	145	5.6	48	1.8	29	1.1	222	8.5
Intermediates, 8 years	2809	166	5.8	94	3.3	44	1.6	304	10.8
Leavers, 12 years	2844	104	3.7	37	1.3	9	.3	150	5.3
Totals ...	8252	415	5.0	179	2.2	82	1.0	676	8.2

EAR DISEASE AND DEFECTIVE HEARING.

The incidence of ear disease found to require treatment or observation has increased considerably this year, while that of defective hearing has slightly decreased. This decrease, it is noted, is principally in the entrants age group, but it is not advisable to place any importance on the result owing to the difficulty of testing the younger children.

The following table shows details of the defects found in the various age groups :—

DEFECTS FOUND AT MEDICAL INSPECTION REQUIRING TREATMENT OR OBSERVATION, 1938.

Age Group.		Number Examined.	Ear Disease.		Defective Hearing.		Total.	
			Number	%	Number	%	Number	%
Entrants, 5-6 years	...	2599	49	1.9	18	.7	67	2.6
Intermediates, 8 years	...	2809	61	2.2	65	2.3	126	4.5
Leavers, 12 years	...	2844	39	1.4	62	2.2	101	3.6
Totals	...	8252	149	1.8	145	1.7	294	3.5

ORTHOPÆDIC AND POSTURAL DEFECTS.

There has been a decrease in the number of children referred for treatment or observation this year. This is shown chiefly in the "other deformities." The incidence of Spinal Curvature, however, has increased. A full report on the treatment of these conditions is given under "Orthopædic Clinic."

DEFECTS FOUND AT MEDICAL INSPECTION REQUIRING TREATMENT OR OBSERVATION, 1938.

Age Group.	Number Examined.	Rickets.		Spinal Curvature.		Other Deformities.		Total.	
		Number	%	Number	%	Number	%	Number	%
Entrants ...	2599	2	.1	17	.7	86	3.3	105	4.0
Intermediates	2809	2	.1	56	2.0	140	5.0	198	7.0
Leavers ...	2844	2	.1	59	2.1	94	3.3	155	5.5
Totals ...	8252	6	.1	132	1.6	320	3.9	458	5.6

TUBERCULOSIS.

The treatment of tuberculosis is carried out under the administration of the Medical Officer of Health, and all cases are referred to the Tuberculosis Officer. Three children were found during routine inspections to be suffering from pulmonary tuberculosis and three from non-pulmonary. Fourteen suspected cases were placed under observation at the Dispensary.

The following table gives details of the notifications of tuberculosis in school children during the year :—

Location of Disease.			Boys.		Girls.		Total.
Pulmonary Tuberculosis	...	...	33	...	36	...	69
Non-Pulmonary Tuberculosis	...	...	11	...	3	...	14
Totals	...	...	44	...	39	...	83

FOLLOWING UP.

The following up of the defects found to require treatment or observation may be divided into two sections, namely, the re-examination by Medical Officers of the cases referred at routine medical inspection, and the subsequent following up by Health Visitors of the cases for which treatment has not been obtained.

With regard to the re-inspections, I am pleased to report that, for the first time for many years, it has been possible to carry out the full requirements: 4,799 re-examinations have been made.

The assistance of the Health Visitors has been most valuable in persuading parents to obtain treatment for their children. The following table shows the work performed during the year :—

HEALTH VISITING WORK.

Visits paid to the homes of :—

Dental Cases	...	...	...	...	53
Vision Cases	...	...	...	...	764
Ear, Nose, and Throat Cases...	...	...	...	...	617
Skin Cases	...	...	...	...	807
General Cases	...	...	...	...	879
Orthopædic Cases	...	...	...	...	487
					— 3,607
Visits paid to schools	...	...	...	...	3,294
					—— 6,901

Valuable assistance was rendered by the National Society for the Prevention of Cruelty to Children, while the teachers were also instrumental in persuading children and parents of the importance of obtaining medical advice. The assistance of the Voluntary Hospitals in making available certain of their records has been of the greatest help, and is gratefully acknowledged.

MUNICIPAL HEALTH CLINICS.

INSPECTION CLINIC.

The opening of the Asthma and Child Guidance Clinics, did not lead to any great reduction in the numbers attending this Clinic.

Children referred to "specialist" Clinics, Eye, Speech, Ear, Nose and Throat, Orthopædic, Child Guidance, Asthma and Sunlight Clinics, by health visitors, school teachers, attendance officers and parents, first come to this Clinic and then, if thought necessary, appointments are made for them at the other Clinics. Besides this, ailments of various kinds from the most trivial to the most serious are brought here and either treated or referred to their doctor or to a hospital where treatment can be obtained. To avoid the long periods of waiting that attendance at this Clinic has often meant, we have encouraged new cases to come early in the afternoon and those coming for subsequent treatment to attend in the latter half of the session. This, although it has not been completely successful, has helped to reduce the waiting time.

SKIN CLINIC.

The number of children treated, remains substantially the same, but again there has been an increase in the number of cases of scabies requiring treatment; there was an increase last year of 50 per cent. over 1936.

The need to prevent re-infection in the less clean families by disinfection of the child's clothes, has been made very apparent by an accident that occurred in November. A pipe to the steriliser, used for disinfecting the child's clothes while he is receiving a bath, rusted through and the steriliser was put out of action for some time. In spite of repeated instructions to the parents about the boiling and ironing of the clothing many of the children treated in the last two months have either only slightly improved or have relapsed after apparent cure. Although such a relapse may be due to infection from untreated members of the family, yet the incidence of relapse has been greater than we usually find. Similarly, during the crisis when it was impossible for the staff to collect, disinfect and return the bedding of affected families, relapses occurred. In families that have the time and facilities to boil and otherwise disinfect the children's clothing and bedding, such precautions may be unnecessary, but in others the relaxation of any precautions means unsuccessful treatment.

Like many other districts, we have had a very large increase in the number of children requiring treatment for plantar warts. The increase of spread is obscure, swimming baths are frequently blamed, but could not have affected some of our children; the domestic bath did not appear to have played any part as there

was never any history of familial infection; 25 affected children were treated. The ordinary caustic applications were ineffective; X-rays and radium are not available and a general anæsthetic and surgical removal, though it could perhaps have been done at the Clinic, was more than we usually undertake. Weekly applications of pure carbolic acid and salicylic acid crystals, worked into the wart with a probe, covered in the intervals with elastoplast were quite successful. Pain was immediately relieved. In successful cases the wart could be removed as a whole after the second or third application, but in one or two cases 12 applications were needed. Affected children have been allowed to bathe while they kept on the elastoplast. No special search for cases has been made. Quite casually two adult cases were met, one a health visitor, source of infection unknown, the other a physical training instructor at a boys' school who might have caught his from the floor of the shower-bath room; this last was the only affected male, all the others being girls from elementary schools.

Only one case of ringworm of the scalp has been treated as against 5 in 1937 and 19 in 1936.

EXTERNAL EYE DISEASE AND DEFECTIVE VISION.

As in 1937, three sessions per week were devoted to the treatment of the above defects at the Municipal Clinic, East Park Terrace.

There was again an increase in the number of children dealt with, and also an increase in the total attendances. Co-operation with the Staff at the Free Eye Hospital, who have the available facilities for the treatment of more serious eye conditions, was found necessary in certain cases.

The following table gives details of the work carried out by the Specialist :—

	1938.	1937.	1936.
Attendances at the Clinic ...	3,531	3,150	3,092
Individual children seen by the Specialist ...	1,828	1,149	949
Submitted to refraction ...	1,172	996	793
Glasses prescribed... ..	548	470	547
Received other treatment ...	296	142	153
Placed under observation ...	779	344	201
Found not to require treatment or observation ...	213	197	97
	Pre-School Cases.	Elementary School Cases.	Secondary School Cases.
Number of Children for whom Spectacles were :—			Total.
(A) Prescribed	17	472	59
(B) Obtained	17	470	59
			546

It will be noted from this table that the results obtained have been excellent. The two cases of Elementary School children who were prescribed glasses in 1938 obtained them early in 1939.

As in previous years, the Committee have undertaken the supply of glasses in those cases where the parents are unable to provide them, and the cost of repairs has also been defrayed.

This year 139 children have been supplied free, and in the case of 11 further children, the original cost was paid by the Local Education Authority, but the parents repaid the amounts by instalments.

The inspection arranged each term, by the approved opticians, of the glasses supplied under the Authority's Scheme continued throughout 1938. In cases where the frames were bent and lenses out of position, adjustments were made to give the child maximum benefit from the prescription. Children were also given advice and demonstrations on correct handling, and how to wear the glasses. In the event of broken frames or lenses the parents were notified by letter, in which the importance of immediate repair was stressed. This constant supervision is of greatest importance to the health and education of the children.

The following table gives details of the work carried out during the year :—

	First In- spection.	Second In- spection.	Third In- spection.
Number of children on register wearing glasses :—			
Eye Clinic Cases	959	942	921
Free Eye Hospital Cases	317	317	290
Others (private treatment)	103	102	77
Totals	1,379	1,361	1,288
Number Inspected	1,218	1,207	1,185
Number Absent	161	154	103
Number wearing glasses with "W" bridge	957	923	858
Number wearing glasses with "Pad" bridge	422	438	430
Number with frames crooked	591	534	542
Number with sides of frames broken	67	57	35
Number with bridge of frame broken	7	9	7
Number requiring new frame	13	11	10
Number with lenses turned in frame	31	25	15
Number with lenses chipped	102	107	82
Number with lenses broken	11	11	8
Number found not wearing their glasses	231	195	273
Number reported to School Medical Officer for further action	135	99	139

EAR, NOSE, AND THROAT CLINIC.

The Ear, Nose, and Throat out-patient Clinic is held twice weekly at East Park Terrace, where during the year 1938, 737 new cases and 2,446 attendances were recorded.

The cases are usually referred to the Clinic from other departments of the health services, mainly from school medical inspection, with the result that a great many children with defective conditions of the ear, nose, and throat are thus treated. When the Ear, Nose, and Throat Specialist recommends an operation the case is admitted to the Borough Hospital.

At East Park Terrace :—

Acute catarrhal otitis media	...	...	...	11
Acute suppurative otitis media	...	...	...	39
Chronic suppurative otitis media	...	...	...	53
Chronic catarrhal otitis media	...	...	...	183
Tonsils and adenoids	...	...	...	166
Adenoids	...	...	...	9
Sinusitis	...	...	...	64
Cervical adenitis	...	...	...	19
No abnormality or referred to other Clinics	...	...	...	70
Other conditions	...	...	...	123

N.B.—The latter include :—

Cerumen, debris, meatitis, furuncle, foreign body, epistaxis, rhinitis, deviated septum, atrophic rhinitis, vasomotor rhinitis, pharyngitis, quinsy, laryngitis, functional aphonia, etc.

Operations Performed.

	Pre-School Cases.	Elementary School Cases.	Secondary School Cases.	Total.
Tonsils	—	2	—	2
Adenoids	3	16	—	19
Tonsils and adenoids...	21	233	—	254
Nasal and other	2	35	—	37
Mastoidectomy	1	1	—	2
	27	287	—	314

DENTAL CLINICS.

The School Dental Service consists of a Senior School Dental Officer and three assistants, who undertake the inspection and treatment of the Elementary and Secondary School scholars, and also carry out work under the Maternity and Child Welfare, Venereal Disease and Tuberculosis schemes.

For the second year in succession it was found impossible to inspect all the schools in the Borough, this being mainly due to a further increase in the number of cases accepting and receiving treatment. The acceptance rate from routine inspections has steadily improved, and this year I am able to record an acceptance rate of 79.8% of the number referred for treatment. This is an exceptionally good response to the extensive propaganda which has been carried out during recent years in connection with oral hygiene.

There were 45 schools which had over a 50% acceptance rate, and the lowest percentage recorded was 38.8% in the case of Bevois Town Boys. Re-inspection was carried out at 16 schools, from which originally a poor acceptance was made. The result of re-inspections is shown to be effective in the added acceptance to the final list, which increased considerably the number desiring treatment.

It will be found in the Elementary Schools that, although less children were inspected during the year as compared with 1937, there were more children treated. A total of 16,227 children were seen at routine inspections, of which 8,674 were selected for treatment. Of this number, 6,919 actually attended for treatment. There has been this year a decrease of 1,600 casuals, due in a certain degree to the resolution of the Education Committee refusing treatment at the Clinic to casuals who did not accept the advice of the Dental Surgeon concerning treatment at three consecutive routine inspections.

The following table gives details of the acceptance rate based on the returns of Southampton for this year and those of the country for 1937.

	Number of Children Inspected.			Total requiring treatment.	Total treated.	Percentage of Children requiring treatment who received it.	Requiring treatment excluding Specials.	Treated excluding Specials.	Percentage treated excluding Specials.
	Routine.	Special.	Total.						
	1.	2.	3.	4.	5.	6.	7.	8.	9.
Southampton (1938)	16,227	2,259	18,486	10,933	9,178	83.9%	8,674	6,919	79.8%
Country (1937) ...	3,225,100	278,132	3,503,232	2,469,623	1,544,766	62.6%	2,191,491	1,266,634	57.8%

The percentage in Column 6 is of the total number treated, including the "Specials." The inclusion of the specials, most of which are treated, will always raise the percentage, and as an efficient Dental Service can only be judged by the acceptance from the routine inspection, these cases should be excluded. The percentage in Column 9 has been calculated after subtracting the "Specials," and shows a clearer indication of the efficiency of the Service.

The nursery at Hollybrook Homes was inspected for the first time and treatment carried out. Of the 36 cases seen, only four required treatment, which was dealt with by extractions. These were carried out under a general anæsthetic.

It is pleasing to report an increase in the conservative work. The number of fillings being 7,727, which is an increase of 692 compared with last year. There has been a slight increase this year in the number of general anæsthetics administered. Extractions by this means are generally preferred by the parents.

The parents are becoming much more appreciative of the value of school dentistry, and it is hoped that the increase of acceptances will continue and lead to an even more complete service.

ORTHOPÆDIC CLINIC.

The Orthopædic Clinic is held every Wednesday afternoon. The second and fourth Wednesdays in the month are reserved for the more serious defects, when the Clinic is conducted by a Surgeon from the Lord Mayor Treloar's Cripples' Hospital, Alton. The remaining Wednesdays, under the supervision of one of the Assistant Medical Officers of Health, cover the minor defects.

The Remedial Clinic plays a most important part in the success of the orthopædic work. A fully qualified masseuse attends five mornings in the week to carry out the prescribed

treatments. These include specialised remedial exercises, massage, sun-ray, radiant heat and electrical treatment. Unfortunately it has been found necessary to reduce the number of children recommended for remedial exercises, as there is not sufficient accommodation; also most of the plaster work has had to be carried out at Alton owing to the present poor facilities at the Clinic. This will soon be remedied, on the building of the proposed new Orthopædic Clinic.

There was a case of acute anterior poliomyelitis, which requires special mention. This child was admitted to Alton with respiratory paralysis, and almost total paralysis of all four limbs. The recovery was complete. This case illustrates the value of early orthopædic treatment. Satisfactory splintage is only possible in hospitals where there is a Splint-maker attached. Contractures of the limbs develop rapidly in this disease, and, if once allowed to occur, recovery is seldom complete. Further, with regard to splintage, special care must be taken to prevent joint stiffness, and this can best be carried out under expert supervision.

It is encouraging to find that most of the cases with congenital deformities—such as club-foot, spinal malformation and congenital dislocation of the hips—are being sent to the Clinic as early as possible. In such cases, the sooner treatment is instituted the more perfect will be the result.

Cleft palates are treated at Alton by a Surgeon who is a specialist in plastic surgery. The operation is carried out as soon after six months of age as possible, provided the general health of the infant is satisfactory. This early closure of the cleft before the child starts speaking ensures more or less normal speech.

Mild flat-foot and rickets still continue to head the list in respect of numbers. Under treatment, these defects usually disappear within six months to a year.

There were 34 cases admitted to Alton during 1938, and 45 cases discharged.

The following table gives details of the defects treated during the year :—

Congenital—Talipes equino-varus						15
Calcaneo valgus						2
Calcaneo cavus						2
Talipes calcaneo valgus						1
Torticollis						10
Dislocation of hip						7
Spine						4
Pseudo-coxalgia... ..						6
Other forms						25
Traumatic—Old fracture						7
Sprained ankle						3
Dislocation						0
Scarring						2
Other forms						10
Adolescent slipped epiphysis						2
Others—Kyphosis						48
Scoliosis						56
Poor posture						33
Pes planus						231
Pes cavus						17
Hallus valgus						14
Other foot deformities						15
Other forms						27
Rickets—Genu valgum						114
Genu varum						9
Other forms						14
Active						7
Inflammations—Arthritis						5
Osteomyelitis						2
Other forms... ..						4
Paralysis—Erb's birth palsy						3
Infantile						29
Congenital spastic paralysis						16
Tuberculosis—Spine						6
Hip						11
Upper limb						3
Lower limb						7
Various other conditions						16

ANALYSIS OF ATTENDANCES AT THE ORTHOPÆDIC CLINIC, 1938.

Classification.	Under School Age.		School Age.		Over School Age.		Total.	
	New	Old	New	Old	New	Old	New	Old
Tuberculosis— Spine	0	2	3	15	1	0	4	17
Hips	0	0	0	28	0	6	0	34
Other Joints	0	1	2	10	0	7	2	18
Other Crippling Diseases— Feet and others	36	413	139	3004	1	17	176	3434
Spine	1	8	66	2139	2	1	69	2148
Rickets	13	39	3	71	0	0	16	110
Total	50	463	213	5267	4	31	267	5761
Cases from County ... ..	...	...	...	...	...	...	4	187
						Total ...	271	5948

RHEUMATISM AND HEART CLINIC.

The number of children attending this Clinic again shows a decrease. The number of new cases has not fallen, but it has not been considered necessary to keep so many of them under observation. There has been some evidence to indicate that there has been a decrease of virulence of the streptococcus hæmolyticus in the past few years, which may be responsible for the decrease, but the numbers are not large enough to be sure that such a change may not be due to chance.

It is sometimes difficult to make parents appreciate the importance that we attach to the supervision of these children when they may only complain of "growing pains," but the occurrence of a serious case in their own or a neighbour's family re-awakens their interest. The co-operation between the Borough Hospital and the Clinic has been excellent, some of the cases referred to the Heart Hospitals have never attended the Clinic, having been sent to the Borough Hospital by their own doctors, and, when fit enough to go, have been seen at the Borough Hospital by the officer in charge of the Clinic, and recommended for admission to a Heart Hospital direct from there.

TABLE A.

Under supervision, January, 1938	...	...	...	III
Number seen for first time in 1938	...	...	...	76
Discharged in 1938	...	...	...	90
Under supervision, December, 1938	...	...	...	97
Total number of visits	...	...	...	355

TABLE B.

New cases :—

History of—

Rheumatic Fever	...	...	...	...	3
Rheumatic Pains	...	...	...	...	15
Chorea	...	...	...	...	5

TABLE C.

Of the new cases, the following were suspected or showed evidence of cardiac abnormality :—

Definite Carditis	...	...	...	...	13
Suspected	...	...	...	...	4
Congenital abnormality	...	...	...	...	14

TABLE D.

Recommendation made during the year with regard to individual children :—

Recommended admission to Hospital,	Hospital				
School, etc.	...	...	...	...	11
Actually admitted to Hospital	...	...	...	...	16
Private doctor	...	...	...	...	8
Other Clinics	...	...	...	...	14
Stopped drill	...	...	...	...	20
Drill resumed	...	...	...	...	29
Unfit for any school	...	...	...	...	1

ARTIFICIAL SUNLIGHT CLINIC.

There are now two municipal Light Clinics, the Sydney House Clinic having been open for a complete year. The procedure in both Clinics is the same, the children come twice a week for treatment, on each occasion their temperatures are taken ; once a week they are seen by the Medical Officer, and they are weighed and their heights are measured at regular intervals. Any other form of treatment, reference to another Clinic, extra nourishment in school or drugs may be prescribed. The results are difficult to assess, but there is no doubt in the minds of the mothers who go to great trouble to bring their children week after week but that the children benefit.

The figures for the two Clinics are not exactly comparable, for the lamp at East Park Terrace is older and not so powerful as the one at Sydney House, so the doses of light tend to be greater in order to produce similar effects.

	East Park Terrace.		Sydney House.	
	School.	Pre-School.	School.	Pre-School.
Children who attended for the first time in 1938...	29	9	15	28
Children who continued to attend from previous year	31	8	13	15
Totals ...	60	17	28	43

The children under treatment at the end of the year were :—

	East Park Terrace.		Sydney House.	
SCHOOL—				
General Debility	12		4	
Asthma, Bronchitis, etc. ...	7		—	
Rickets	1		2	
Adenitis	7		—	
Growing Pains	2		—	
Skin	5		—	
PRE-SCHOOL—				
General Debility	5		8	
Asthma, Bronchitis, etc. ...	1		1	
Rickets	3		5	
Adenitis	—		1	

EAST PARK TERRACE.—ARTIFICIAL LIGHT CLINIC.—Discharged, cured and ceased attendance, 1938.

Ailment.	No.	Period of Attendance in Months.				Radiation in Minutes.				No. of Treatments.	Weight. Increase in lbs.			Cured.	Improved.	No Change.	Remarks.
		Period of Attendance in Months.		Radiation in Minutes.		Weight. Increase in lbs.											
		Tot.	Mn.	Lst.	Mst.	Tot.	Mn.	Lst.	Mst.		Mn.	L.	M.				
SCHOOL CHILDREN.																	
General Debility ...	41	337	8.3	1	36	9088	222	92	860	1081	4.2	0	14	24	12	5	
Bronchitis, Asthma, etc.	11	106	10	1	22	3076	280	34	850	420	4.4	.3	9	5	5	1	5 were transferred to Asthma Clinic.
Cervical Adenitis ...	9	68	7.6	2	30	1914	213	61	769	217	4.0	-1	16	5	4	0	3 received 102½ mins. of local treatment at 12".
Skin ...	2	16	8	2	14	492	246	155	357	56	3.9	.8	7	0	0	2	

PRE-SCHOOL CHILDREN.																		
General Debility	...	4	20.75	5	.75	13	646	162	33	390	92	.2	-5	4.5	1	3	0	2 admitted to Alton Hospital.
Rickets	...	15	136.7	9	1	37	3540	236	33	804	482	3.4	.25	8	6	7	2	2 to Orthopaedic Clinic, all receiving extra Vitamin D.
Bronchitis, Asthma, etc.	...	4	49.5	12.4	1.5	24	1361	340	109	680	164	4.0	-2	10	1	2	1	

Three attended less than five times.

SYDNEY HOUSE.—ARTIFICIAL LIGHT CLINIC.—Discharged, cured and ceased attendance, 1938.

Ailment.	No.	Period of Attendance in Months.				Radiation in Minutes.				No. of Treatments.	Weight Increase in lbs.			Cured.	Improved.	No Change.	Remarks.
		Tot.	Mn.	Lst.	Mst.	Tot.	Mn.	Lst.	Mst.		Mn.	L.	M.				
SCHOOL CHILDREN.																	
General Debility ...	15	71	4½	2	10	2898	193	74	380	510	1.9	0	2.9	1	12	2	Also received Cod Liver Oil and Malt.
Bronchitis, Asthma, etc. ...	4	23	5½	2	10	761	190	53	299	138	2.4	lost 6 oz.	8.2	—	4	—	
Adenitis ...	1	2	—	—	—	29	—	—	—	7	12 oz.	—	—	—	—	1	
Scoliosis ...	1	1	—	—	—	47	—	—	—	11	lost 8 oz.	—	—	—	1	—	
PRE-SCHOOL CHILDREN.																	
General Debility ...	12	56	4½	1	11	1494	124	22	290	297	2.3	lost 9 oz.	4.6	—	8	4	Also received Cod Liver Oil and Malt.
Bronchitis, Asthma, etc. ...	6	25	4	1	11	804	134	38	333	151	1.4	0.4	3.8	1	4	1	
Rickets ...	3	8	2½	1	4	203	67	22	130	63	1.12	0.12	2.6	—	2	1	Also received Calciferol
Adenitis ...	1	2	2	—	—	62	—	—	—	12	2.3	—	—	1	—	—	

Seven cases who attended less than five times are excluded.

SYDNEY HOUSE.

The Clinics at Sydney House serve the large school population on the east bank of the Itchen. One school medical officer and one school dentist are attached to the Clinic. Medical Clinics are held on Wednesday and Friday afternoons, and a Diphtheria Immunisation Clinic on Saturday morning, Dental Clinics are held daily. There is an Artificial Sunlight Clinic on Tuesday afternoon and on Friday morning, when the medical officer attends.

Children attending the Skin Clinic have not had to attend so often for treatment, and, though the number attending the Inspection Clinic has increased, we have been able to reduce the total number of attendances. The greater number of children who attended were only suffering from minor defects, which could be treated at Sydney House, but those who needed it were referred to the Specialist Clinics at East Park Terrace, or to their own doctors or hospitals for treatment.

SPEECH CLINIC.

The Therapist-in-charge of the Speech Clinic for Elementary School children submits the following report for the period 1st January to 31st December, 1938 :—

	Number on Register 1st Jan., 1938.			Number Admitted during 1938.			Number Discharged during 1938.			Number on Register 31st Dec., 1938.		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Stammerers	27	7	34	16	3	19	19	3	22	24	7	31
Speech Disorders other than Stammering	16	8	24	15	9	24	10	4	14	21	13	34
	43	15	58	31	12	43	29	7	36	45	20	65

The children discharged were classified as follows :—

	Stammerers.	Disorders of Speech other than Stammering.	Total.
Provisionally Cured ...	9 (a)	8	17
Much Improved ...	6 (b)	6 (e)	12
Slightly Improved ...	5 (c)	—	5
Ceased Treatment prematurely or transferred ...	2 (d)	—	2
	22	14	36

- (a) One of these has left school.
- (b) Two of these have left school.
One was withdrawn.
- (c) Three of these have left school.
One was transferred to the Child Guidance Clinic, and has since left School.
- (d) One of these was withdrawn.
One was transferred to the Child Guidance Clinic.
- (e) Two of these were withdrawn.

Approximately 277 children were interviewed by the Therapist during his visits to schools. In the majority of cases the parents of the children concerned were present.

Five visits were paid to the Special Day School, where 23 treatments were given.

As a result of the forms sent to the schools in December, 388 children, according to their teachers, were in need of advice or treatment. This number included children already under observation or attending the Clinic. Seven departments failed to return the forms.

The co-operation of the Child Guidance Clinic was obtained in twenty-two cases, and of the Psychological Clinic in one case. As anticipated in the reports on the Speech Clinic for the years 1934, 35, 36 and 37, the assistance of the Child Guidance Clinic (established in March) was necessary and invaluable in several cases.

The number of treatments given at the two weekly sessions devoted to individual treatment of speech disorders, other than stammering, totalled 665 during the year. It was impossible to admit several children. Treatment was obtained for a few (mainly cleft palate cases) at the Speech Therapy Department, Royal South Hants and Southampton Hospital.

The number of investigations and visits undertaken during the year by the Health Visitors at the request of the Speech Therapist was above that for any previous year. As his time is too limited to permit home visiting, the Health Visitors' assistance in this direction is a valuable substitute. This particularly applies in the case of children from families known to the Health Visitors.

The following suggestions to aid school teachers, whose classes include stammering children, were drawn up by the Speech Therapist in conjunction with the staff of the Child Guidance Clinic.

THE TREATMENT OF STAMMERERS IN SCHOOL.

The co-operation of the teacher is of the utmost value in the treatment of the stammering child. The following suggestions indicate the type of handling which is advisable in school :—

- (1) Stammerers require much encouragement, and it is important to prevent any ridicule or teasing by other children.
- (2) Stammerers tend to lack confidence in themselves, and the feeling of being useful helps to build this up. The stammerer will benefit by being given little responsibilities and opportunities of helping in class routine, so far as is possible in an unobtrusive way.
- (3) A stammering child should not be made the centre of attention, so it is well to excuse him from reading or reciting alone if it causes him difficulty. He should read in company with one or two others, and should be included in all unison work. When he gains confidence and volunteers to speak or read, every opportunity should be given.
- (4) If the child has difficulty in answering the register, it is advisable to let him put up his hand instead.
- (5) Left-handedness should not be corrected.
- (6) It is not advisable for any special speech or breathing exercises to be given in school. Any remedial work of this character should be left entirely to the Speech Therapist.

Progress throughout the year was fairly steady, but the events of September resulted in the relapse of certain nervous patients, as relaxation, a necessary factor in the treatment of such cases, was hampered by the prevailing atmosphere of tension and anxiety. The Speech Clinic is still handicapped by lack of space, but will soon be transferred to No. 3 East Park Terrace.

ASTHMA CLINIC.

A Clinic for the treatment of asthma in children attending the Elementary and Secondary Schools in the Borough was opened in February. Whether the limitation of treatment to such a specially selected population is desirable is doubtful, but as no other organisation, voluntary or municipal, had attempted to provide treatment, it was left to the school medical department to do so. There appeared to be a large number of these children needing treatment, and before the opening of the Clinic they attended the Ear, Nose, and Throat, the Inspection and the Ultra-Violet Light Clinics, here they received attention, limited by the demands of others, unco-ordinated and lacking in continuity. In addition, children with asthma spent 690 days in 1936 and 1,250 in 1937 at open-air schools at a cost of £137 and £250 respectively, none went in 1938. The disadvantages of this last method were not only that the child was removed from its own home and school, but also that, though while away the attacks in most cases ceased, yet they recurred on returning to home conditions.

Children are referred to the Clinic by school authorities, general practitioners, and the school nursing and medical staff, they are seen at the Inspection Clinic and admitted to the Asthma Clinic if thought necessary. The Clinic is a very modest affair, and is run by a doctor and nurse one afternoon a week, no elaborate treatment is undertaken. On admission a careful history, family, personal and environmental is taken, a physical examination and skin testing for sensitivity to the common allergens is done. If considered necessary, an X-ray examination is made, or the child referred to the Ear, Nose, and Throat Clinic for examination there. Treatment largely consists of the teaching of breathing exercises, for which the manual published by the Asthma Research Council is used. If any environmental condition is suspected, parents are asked to help in avoiding or removing it; an attempt is made to desensitize others in whom the allergen cannot be avoided. Others who are likely to benefit from it receive treatment at the Ultra-Violet Light Clinic. Ephedrine and a stock mixture of potassium iodide and Tr. stramonii are used also, no reactions to ephedrine have been observed. Adrenalin has been used in the treatment of acute attacks, but the dramatic relief that it gives to adults has not been seen in children.

Without wishing to claim anything special for the Clinic, it might be interesting to consider the histories of one or two of the children. One boy, aged ten, had only been able to attend school irregularly, having had asthma since the age of six, and he had not been able to take part in the games and sports that play so large a part in a school boy's life. He was an intelligent boy, and took a keen interest in breathing exercises, by the end of six months he could swim a quarter-of-a-mile, and in the winter he was playing for the school football team. His progress in school work, due to regular attendances, was most striking. A girl, aged eight, had suffered from asthma nearly every week-end for six years, she reacted strongly to skin tests for orris root, the basis of toilet powders, and house dust. Her parents were able to buy a vacuum cleaner, and the use of this and stopping the use of face powder after her Saturday bath, were followed by the almost complete end of her attacks. A boy, aged eleven, has had the most severe attacks since infancy, he had the most severe skin reactions to nearly every common allergen, his attacks were violent, and were unaffected by attempts to desensitize him or to teach him breathing exercises, on admission to hospital he continued to have attacks. Nothing appears to affect him for the better, and the outlook for him is poor. A most welcome feature of the work is the gratitude evidently felt by the parents and children in the interest taken in their problem.

Boys are much more frequently affected than girls, and both respond equally well. Children under seven do not easily learn exercises, and the more intelligent the child the quicker it learns. The improvement in many children has been striking, while others who might have done equally well have only improved a little; there was only one child, a boy, who made no improvement at all. No attempt was made to study each child in hospital or to impose special diets, and treatment was left as simple as possible. Asthma has special problems of its own, and any form of treatment is likely to achieve temporary and partial success, however, time is on our side, and if we can keep these children free during these important years they, especially the boys, are likely to remain free. In conclusion, in spite of the simplicity of the methods employed, the experiment has been successful and deserves to be continued.

	Boys.	Girls.	Total.	
Number of cases treated ...	23	6	29	
Average age at onset... (Years.)	3.5	2.5	3.3	
Family history in 18 Children (in sibs and two preceding generations) ... * Hay-fever, infantile and adult eczema, migraine, urti- caria, food idiosyncracies.	Asthma.		Other Allergic Disorders.*	
	16		21	
	Ear, Nose, and Throat Clinic.	Ultra-Violet Light Clinic.	Hospital.	
Subsidiary treatment ...	2	3	1	
Regular Attenders.	Average Attendances.		Total.	
25	9.0		226	
PROGRESS—	Boys.	Girls.	Total.	
	Greatly improved ...	2	3	5
	Improved ...	13	1	14
	No change ...	5	—	5
	Worse ...	1	—	1
Poor Attenders.	Average Attendances.		Total.	
4	3.25		9	
PROGRESS—	Boys.	Girls.	Total.	
	No change ...	2	2	4

Four others were interviewed, but it was not considered necessary for them to receive treatment, and they are not included in above summary.

CHILD GUIDANCE CLINIC.

The Child Guidance Clinic has now been in operation for ten months, and during this period, 92 cases have been seen. Eleven cases were found on investigation to be unsuitable for Child Guidance treatment, and the remainder were dealt with as follows :—

TABLE I.

	Open.	Closed.		Total.
		Improved.	Unchanged.	
Advisory	3	5	1	9
Treatment	50	9	2	61
Parents Un-co-operative ...	—	1	5	6
Institutional placement ...	—	3	2	5
Total	53	18	10	81

The majority of cases are given a full consultation. This consists of an intelligence test by the Psychologist, an examination of the child's outlook and difficulties by the Psychiatrist, and an investigation of the history and social conditions by the Social Worker. All parents then receive advice from the Psychiatrist and, in some cases, this is sufficient to improve matters. Where it is not sufficient, treatment by the Psychiatrist or remedial teaching by the Psychologist may be given over a period of time. In other cases, the principal cause of the trouble is found to be emotional difficulties on the part of the parents reacting on the children, and these have to be gradually unravelled with the help of the Social Worker, either through her visits to the home or interviews with the parents at the Clinic. Where necessary, work with the parent and treatment of the child is carried on simultaneously.

In the few cases where the parents prove unwilling or unable to co-operate, nothing further can be done except in the most severe cases, where placement in a foster-home or institution is recommended.

Cases found to be suffering from incurable mental defect are regarded as being unsuitable for treatment at the Clinic, and recommendations are made for appropriate placement in schools or institutions.

The Child Guidance Clinic has enjoyed generous co-operation from the School Medical Officers, Teachers, Probation Officers, the Officers of the Juvenile Employment Exchange, and the Juvenile Organisations Committee. In certain difficult cases valuable conferences have been held in which Doctors, Teachers, and Probation Officers have contributed their views and knowledge.

Lectures on Child Guidance have been given by members of the staff, in their spare time, to the following groups.

Students from University College, Southampton.

An evening class for parents in Swaythling.

Nursery school staff at Hollybrook.

Head Teachers of Southampton Schools.

The Southampton Class Teachers' Association.

Several Parent-Teacher Associations.

Various other local societies.

The cases given extended treatment are dealt with in Table II, where the types of treatment and the numbers of children receiving each type are given.

TABLE II.—TREATMENT ANALYSIS.

Type.						Number of Children.
Supervision	...	...	...	...	...	28
Psychiatric Treatment			...	...	...	10
Play Group	...	...	...	...	...	14
Remedial Teaching	...	...	...	...	...	11
Intensive Social Work			...	...	...	6

N.B.—The same child may receive more than one type of treatment, so the total in this table does not tally with Table I.

The Child Guidance Clinic is fortunate in having been able to supplement the work of the staff in various ways. One of the Education Department's teachers, and a number of students from the University College, under the supervision of the Psychologist, are assisting in the remedial teaching of backward children, the causes of whose retardation lie in the educational, rather than the emotional sphere. However, the work of the Psychiatrist cannot be supplemented in this way by a person not fully trained, so the very limited time at her disposal has to be very carefully apportioned between seeing new cases, and the treatment of those already accepted as suitable. Up to the present the time has been divided to allow for seeing two new cases a week, the remainder being devoted to treatment and administration. The waiting list has increased steadily until it has now reached the figure of 140 (there being 23 cases on the list when the Clinic opened), so notices have been issued to the schools asking them to confine referrals to the most urgent cases only. This is unfortunate, as it will prevent the treatment of disorders in the early stages, but in the present conditions it is unavoidable.

In Table III an analysis is given of the types of cases so far referred and seen at the Clinic, according to the principal symptom.

TABLE III.

Emotional—						
Functional Symptoms						3
Emotional Instability						12
Fears						3
Shyness						3
Habits—						
Speech Disorder						7
Sleep Disorder						1
Movement Disorder						1
Incontinence						1
Behaviour—						
Stealing						15
Unmanageable						9
Tempers						7
Sex						4
Cruelty						3
Truancy						2
Intellectual Difficulties—						
Backwardness						20
Special Difficulties						1
Total						92

Brief summaries of a few cases are appended by way of illustration :—

(1) A, age 13 years, was referred by her headmistress on account of excessive shyness, sullenness, and backwardness. She was due to leave school shortly, and she appeared to her foster-mother unlikely to be able to earn her own living.

It was found that she had been kept in ignorance that her foster-mother was not her true mother, but her suspicions had been aroused and these had led to a morbid self-consciousness and a resentful attitude. When on our advice her foster-mother

explained the true situation to her, her symptom cleared up, and on leaving school she was able to take domestic employment, in which she is giving satisfaction.

(2) B, age 15 years, was referred by the Probation Officer on account of stealing. On investigation it was found that he was a lad of good intelligence who had dropped all recreational activities on leaving school, and divided the bulk of his time between work and night-school. He was not allowed to keep a fair proportion of his earnings. The temptation to steal arose as a way of getting excitement in what spare time he had, and he had a feeling of fatality about it, owing to the fact that other members of his family had previously stolen. He was reassured as to his ability to resist this temptation, and his father was advised on the question of pocket money and of arranging for the boy to renew some of his recreational interests. Five treatment sessions were given. No further stealing has occurred over a period of eight months.

(3) C, age 11 years, was referred by her headmistress on account of backwardness and troublesome, spiteful behaviour at home and at school. An intelligence test revealed that her inability to keep up with an ordinary class was due to her innate dullness of intelligence, while a psychiatric examination showed that her troublesome behaviour was due to her resentment at her failure, and the teasing of other children.

She was removed to the D. stream of a reorganised school, where she gradually gave up her old methods of attracting attention as her sense of inferiority was reduced. However, she continued to give trouble at home, and it was found necessary for the Social Worker to give prolonged attention to her mother, who was in a very nervous state and had serious family difficulties to cope with. Her over-wrought state made her snappy and irritable with the child. The mother is still having help and the child is improving at home.

(4) D, age 7 years, was referred for destructiveness, disobedience, and also wetting and soiling. His mother was constantly armed with a cane with which to enforce her commands, and this was even used in connection with his daily motions. She missed the next appointment, and when the Social Worker visited, she found her very angry at the implied criticism of her methods, full of misunderstandings of what had been said to her, and quite determined to have no more to do with the Clinic. It was quite impossible to modify this attitude, and as the boy was awaiting residential open air school placement on account of malnutrition, and separation from his mother seemed the most promising solution, things were left to take their course.

Summary of attendances at the Clinic from 1st March, 1938, to 31st December, 1938:—

	School Age.	Others.	Total.
Total number of attendances ...	757	22	779
Number of complete consultations ...	57	8	65
Number of attendances for treatment			
by Psychiatrist	200	14	214
Number of intelligence tests ...	149	8	157
Number of attendances for remedial teaching by Psychologist ...	158	—	158
Number of attendances for remedial teaching by voluntary workers ...	92	—	92
Number of play group sessions ...	106	—	106
Number of school visits	245	—	245
Number of home visits	289	7	296
Number of interviews with Social Agencies	47	7	54
Number of Social Worker's visits to foster-homes	11	—	11

The increasing demands for the Clinic's services show how pressing are the needs it satisfies, and the only difficulty is to meet these demands adequately under present conditions of work.

The Psychologist has, up to the present time, spent about two days of each week in the Elementary Schools of Southampton. This time has been mainly occupied in the individual examination of children selected by the head teachers for backwardness. These children have been given intelligence and attainment tests, and recommendations have been made on the basis of results obtained in these tests. As a result of this work two special classes were formed in the Woolston district in October, 1938. These classes consisted of 13 boys and 16 girls, all of whom were found to be more backward in fundamental school subjects than their mental age warranted. These groups had special coaching for half the day, whilst the other half was spent in their usual classes. Both groups are reported to have made excellent progress under this arrangement.

In addition, the Psychologist has assisted, in an advisory capacity, the special scheme for the selection and teaching of retarded children in Merry Oak School, and has given attainment tests to all those chosen for special teaching.

The following table gives details of the Psychologist's work in school:—

Number of children tested individually for (a) intelligence and (b) attainments	87
(a) Number found to be of superior intelligence	2
Number found to be of average intelligence ...	48
Number found to be of dull intelligence ...	32
Number found to be of borderline intelligence	5
All the 87 children tested were found to be retarded.	
(b) Number recommended for special classes ...	75
Number recommended for individual treatment	7
Number referred to Certifying Officer... ..	5
Number actually transferred to special classes	28
Number given attainment tests only	65
Number given group test of intelligence	47

CONGENITAL SYPHILIS.

Several children have been referred to the Venereal Diseases Officer from the School Medical Department during the year.

The following table shows the number of children suffering from congenital syphilis at the end of 1937 and 1938 :—

			Boys.	Girls.	Total.
1937	Between the ages of 5 and 15	...	9	8	17
1938	Between the ages of 5 and 15	...	2	—	2

MUNICIPAL CLINICS.

The days and hours on which the various Clinics are held are as follows :—

2 East Park Terrace, Southampton.

EAR, NOSE, AND THROAT CLINIC.

Monday and Thursday, 9 a.m. (by appointment).

OPHTHALMIC CLINIC.

Tuesday, 2 p.m. (by appointment).

Wednesday and Friday, 9 a.m. (by appointment).

SKIN CLINIC.

Tuesday and Friday (Medical Officer), 2 p.m.

Daily by Nurses.

INSPECTION CLINIC.

Wednesday, 2 p.m.

RHEUMATISM CLINIC.

Thursday, 2 p.m. (by appointment).

ARTIFICIAL LIGHT CLINIC.

Tuesday, 9.30 a.m.

Friday, 2 p.m. (by appointment).

ORTHOPÆDIC CLINIC.

Wednesday, 2 p.m.

DIPHTHERIA IMMUNISATION CLINIC.

Monday, 2 p.m.

POST INFECTIOUS CLINIC.

Thursday, 2 p.m. (by appointment).

ASTHMA CLINIC.

Monday, 2 p.m. (by appointment).

SPEECH CLINIC.

Clinics for speech defects are held on Monday, Tuesday, Thursday and Friday mornings, Friday afternoon and Saturday morning.

CHILD GUIDANCE CLINIC.

By appointment.

DENTAL CLINIC.

Monday to Friday, 9.30 a.m. to 12.30 p.m., and 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

(Children only seen by appointment, except on Thursday afternoon, which is set aside for casuals. Urgent cases of toothache can be dealt with at any time.)

Sydney House, Pear Tree Avenue, Bitterne.

SCHOOL CLINIC.

Wednesday and Friday, 2 p.m.

ARTIFICIAL LIGHT CLINIC.

Tuesday and Friday, 9.30 a.m.

DENTAL CLINIC.

Monday to Thursday, 9 a.m. to 12 noon, and 2 p.m. to 5 p.m.
Friday, 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

(Children only seen by appointment, except on Thursday afternoon, which is set aside for casuals. Urgent cases of toothache can be dealt with at any time except Friday morning, when no Dentist is available.)

Appended is a summary of the attendances made at the various Clinics during the year:—

Clinic.	2 East Park Terrace.	Sydney House.	Branch Clinics.	Total.
Dental Clinic	8031	5430	3014	16,475
Skin Clinic	5276	2724	5240	13,240
General Inspection... ..	2347	1762	—	4,109
Asthma Clinic	230	—	—	230
Rheumatism Clinic... ..	355	—	—	355
Sunlight Clinic	1531	1768	—	3,299
Ophthalmic Clinic	3531	—	—	3,531
Ear, Nose and Throat Clinic	2446	—	—	2,446
Child Guidance Clinic ...	779	—	—	779
Orthopædic Clinic	6028	—	—	6,028
Special Cases	—	—	—	446
Camp Cases... ..	—	—	—	999
Immunisation Clinic ...	—	—	—	8,533
Totals	30,554	11,684	8,254	60,470

Tuberculosis Clinic 2,072

INFECTIOUS DISEASES.

The notifications received from the Head Teachers under the Southampton Corporation Act, 1930, are shown in the following table. There were 60 cases of diphtheria reported amongst the school population, 48 from Elementary Schools and 12 from Hospitals and Private Schools. This is a considerable decrease compared with that of 1937. The incidence of scarlet fever showed an increase of two cases compared with last year. Of the four cases of acute poliomyelitis, two were found at the School Clinic, and sent to the Lord Mayor Treloar's Cripples' Hospital, Alton, without delay. Both made complete recovery after a short period of treatment.

School attendance was affected at certain schools by minor epidemics of measles which occurred between March and June. Very few cases of this disease were reported during the winter months, although at this period mumps were more prevalent. Whooping cough showed increased incidence during the first three months of the year and chicken pox during the summer months. The incidence of infectious disease generally, however, was not above average, and there were only sporadic cases of the more serious conditions.

INFECTIOUS DISEASES.

School.	Scarlet Fever.	Diphtheria.	Measles.	Chicken Pox.	Whooping Cough.	Mumps.	Enteric Fever.	Acute Poliomyelitis.
Aldermoor	—	1	—	—	—	—	—	—
Ascupart	1	2	39	9	1	4	—	—
Eastern	2	1	32	42	1	3	—	—
Bevois Town	35	—	96	11	17	6	—	—
Bitterne Park	1	13	90	2	9	41	1	—
Bitterne C. of E.	6	—	104	7	3	25	—	—
Bassett Green	—	—	74	72	4	16	—	—
Bitterne Manor	6	1	53	4	—	25	—	—
Central	2	1	148	49	8	10	—	2
Coxford	3	2	3	10	—	—	—	—
Deanery	—	—	5	11	—	—	—	—
Foundry Lane	3	—	63	8	16	12	—	—
Freemantle	1	1	57	4	2	1	—	—
Highfield	—	—	61	—	—	11	—	—
Ludlow	3	3	137	8	—	60	—	—
Merry Oak	—	—	—	4	—	12	—	—
Mount Pleasant	—	6	81	3	12	3	—	—
Northam	12	3	75	12	7	7	—	—
Pear Tree Green	1	—	11	8	—	19	—	—
Portswood	—	—	66	3	—	24	—	1

INFECTIOUS DISEASES—Continued.

School.	Scarlet Fever.	Diphtheria.	Measles.	Chicken Pox.		Whooping Cough.		Mumps.	Enteric Fever.	Acute Poliomyelitis.
Regent's Park	12	2	116	29	10	45	—	—	—	—
Swaythling	—	1	84	15	3	19	—	—	—	—
Sholing	8	—	142	92	11	134	—	—	—	—
Springhill	1	1	48	1	9	4	—	—	—	—
Station Road	2	2	67	29	4	7	—	—	—	1
St. Denys	5	1	41	53	14	7	—	—	—	—
St. John's	—	—	8	28	1	2	—	—	—	—
St. Joseph's	7	—	21	25	3	—	—	—	—	—
St. Jude's	1	—	8	17	3	1	—	—	—	—
St. Mary's	1	3	5	2	—	1	—	—	—	—
St. Mark's	—	—	—	—	—	—	—	—	—	—
Shirley	2	1	10	102	11	1	—	—	—	—
Shirley Warren	1	2	64	22	4	4	—	—	—	—
Western	18	1	139	2	6	5	—	—	—	—
Woolston	2	—	43	10	1	6	—	—	—	—
Woolston R.C.	—	—	8	4	1	25	—	—	—	—

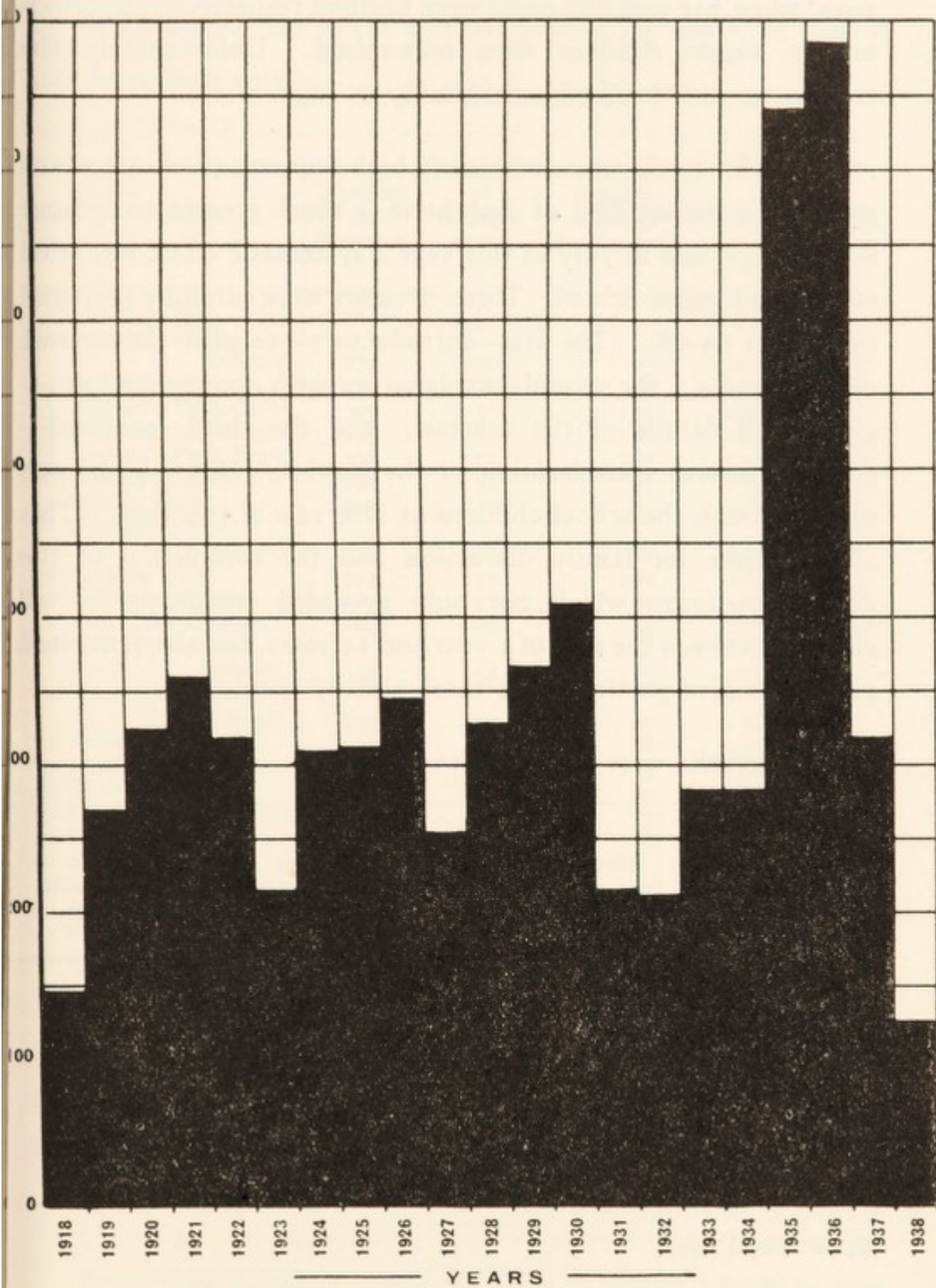
DIPHTHERIA IMMUNISATION.

The number of cases of diphtheria notified during the year 1938 has shown a considerable decrease, and is the smallest number notified since the inception of the School Medical Service in 1908. The number of cases notified each year during the period 1918 to 1938 being as follows :—

Year	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.
Number of notified cases of Diphtheria	145	271	324	360	319	218	308	309
Year	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.
Number of notified cases of Diphtheria	345	254	329	368	410	215	212	286
Year	1934.	1935.	1936.	1937.	1938.			
Number of notified cases of Diphtheria	286	741	787	319	125			

A graph of these results is given on page 61. It will be seen that the numbers reached high levels in the years 1921, 1926, 1930, 1936, following which there was a decrease, for about a year or two, then an increase to the next peak year. The cycle occurs approximately every five years, so that the next high level is expected in 1941. The variation of the case rate is due in great measure to the natural immunity set up among the susceptible cases, this natural immunity occurs proportionately with that of the case rate, so that in the years when diphtheria is less prevalent, the number rendered naturally immune is small. It is important, therefore, that during these quiescent years that more artificial immunisations should be carried out in order to keep the case rate low in subsequent years.

INCIDENCE OF DIPHTHERIA
1918 - 1938



Immunisation against diphtheria was commenced in Southampton in February, 1934, and during the epidemic of 1935 and 1936, when 741 and 787 cases were notified respectively, approximately 10,000 children were immunised. Unfortunately the acceptance rate declined considerably in 1937.

In order to obtain a sufficiently high immunisation rate which will reduce the incident of diphtheria, a much greater acceptance is necessary, and in July of this year a systematic effort was tried out at the Central School. Three circulars were carefully prepared (see pages 65-68). The first—introductory—to gain the interest of the parents; the second—explanatory with acceptance form—giving full details of the scheme; and the third—personal—advising serious consideration of the service. Distribution was made through the school children at intervals of two days. This allowed time for family discussion and the completion of the acceptance form, which not only provided treatment for all children between the ages of 1 year and 14 years, but also requested parents to give particulars of those already immunised.

The results were as follows :—

Central School.	Number on Register.	Number of Accept- ances.	Number already Immunised.	Total.	Percent- age.
Girls' Department	397	48	119	167	43
Boys' ,, ...	408	57	136	193	47
Infants' ,, ...	399	113	62	175	44
	1204	218	317	535	44.5
Other Schools ...	—	2	8	10	—
Below School Age	—	45	11	56	—
		265	336	601	

The success of this effort was most gratifying, and arrangements were soon made to extend the scheme to the other schools in the Borough. Up to the end of the year the following schools had been dealt with :—

No.	School.	Number on Register.	Number of Acceptances.	Number already Immunised.	Total.	Percentage.
	I.	2.	3.	4.	5.	6.
1	Regent's Park Infants	272	106	99	205	75%
2	St. Jude's ...	150	29	78	107	71%
3	Regent's Park Girls'	390	75	196	271	69%
4	Foundry Lane Boys'	299	54	138	192	64%
5	Regent's Park Boys'	390	71	173	244	63%
6	Foundry Lane Girls'	278	32	123	155	56%
7	Shirley Boys' ...	206	31	81	112	54%
8	Foundry Lane Infants'	227	41	82	123	54%
9	Ludlow Girls' ...	521	77	201	278	53%
10	Ludlow Infants' ...	282	72	77	149	53%
11	Pear Tree Green ...	194	69	34	103	53%
12	Shirley Warren Infants'	353	57	125	182	52%
13	Shirley Warren Junior Boys'	251	50	81	131	52%
14	Shirley Infants' ...	290	67	88	155	52%
15	Ludlow Boys' ...	515	87	173	260	50%
16	Shirley Girls' ...	223	28	83	111	50%
17	Coxford Junior Girls'	246	40	77	117	48%
18	Central Boys' ...	408	57	136	193	47%
19	Shirley Warren Senior Girls'	419	56	132	188	45%
20	Central Infants' ...	399	113	62	175	44%
21	Central Girls' ...	397	48	119	167	42%
22	Shirley Warren Senior Boys'	441	30	102	132	30%
	Totals ...	7,151	1,290	2,460	3,750	52%
	Other School Cases ...	...	78			
	Under School Age ...	...	403			
			1,771			

NOTE.—The number of acceptances given in Column 3 relate to cases where treatment has already been commenced or completed.

It is pleasing to see the number of under-school age children being treated, as this is the age at which protection is most necessary.

An additional 3,787 children attending six more schools were offered treatment under the scheme towards the end of the year. Of these, 981 had already been immunised, and a total of 1,229 acceptances were received. Some of the cases have already commenced treatment, but detailed statistics will not be available until next year.

The following table gives details of the work undertaken during the year :—

Number of new cases	...	...	...	...	3,194
Number of Protective Injections :—					
Toxoid Antitoxin Floccules	First Injection	...			824
"	"	"	Second Injection		636
"	"	"	Third Injection	...	551
Alum Precipitated Toxoid	First Injection	...			2,318
"	"	"	Second Injection	...	1,716
					<hr/> 6,045 <hr/>
Number of Primary Schick Tests	...	...			52
Number of Post Schick Tests	...	...	...		1,192

The Post Schick test was discontinued in November, as it was considered that the time taken to carry out this test could be utilised to better advantage in dealing with the new acceptances, in view of the fact that such a small percentage of positive reactors were recorded.

The technique for the administration of the Alum Precipitated Toxoid was again changed. Instead of injections at fortnightly intervals of .1 c.c. and .5 c.c., the period between the doses was increased to one month. This is supposed to improve the efficacy of the protection.

Forms 1, 2 and 3 used in connection with the prevention of diphtheria are appended :—

FORM I.

PROTECTION AGAINST DIPHTHERIA.

DIPHTHERIA is a dangerous disease causing great loss of life, particularly amongst young children.

ABOUT 3,000 CHILDREN DIE ANNUALLY FROM THIS DISEASE.

It is important, therefore, to take advantage of this protection (Immunisation), a simple and painless treatment which is offered to you free of charge.

OVER 13,000 CHILDREN HAVE BEEN TREATED IN SOUTHAMPTON.

Make sure that your child is also protected against this dreaded disease.

An Acceptance Form will be sent to you within the next few days on which you may include children over one year of age.

DO NOT WAIT FOR AN EPIDEMIC BEFORE SIGNING AS Immunisation does not become fully effective for three months.

SIGN NOW AND SAVE YOUR CHILD FROM THE POSSIBILITY
OF SERIOUS INFECTION IN THE FUTURE.

FORM 2.

HELP YOUR OWN CHILDREN.

It is the aim of every Mother and Father to make things a little easier for their children. Now is your chance to have them immunised and do them a good turn.

Immunisation is the method of protecting **your** child from serious infection with Diphtheria, and to be immunised the child is given two or three injections, these are **not** like vaccination; they leave **no** scar; they are not like antityphoid inoculation, for they **do not** hurt and they **do not** upset the child.

To make sure that the children are protected they are tested in three months. This is known as the Schick Test, and is a simple painless skin test that has no harmful effect.

In this way serious cases and deaths from Diphtheria have disappeared completely from the big cities of Canada and United States of America, but in this country nearly 3,000 children die annually from the disease.

You are responsible for your children's health, and this is your chance to help them to avoid danger.

DO NOT WAIT. "THE YOUNGER THE CHILD THE MORE DANGEROUS THE DISEASE." HAVE IT DONE NOW BY COMPLETING THE FORM ATTACHED.

SAVE YOUR CHILDREN FROM DIPHTHERIA.WHAT IS DIPHTHERIA?

Diphtheria is a very dangerous infectious disease, liable to attack children, particularly those too young to go to school. It is a long and painful illness causing weakness in general health, and resulting in many deaths.

IS THERE A MEANS OF PROTECTING CHILDREN AGAINST THIS DANGEROUS DISEASE?

YES.—IMMUNISATION.

WHAT IS IMMUNISATION?

Two or three small injections at fortnightly intervals into one arm.

IS IT SAFE?

Quite safe and harmless.

DOES IT MAKE THE ARM SORE?

No soreness results from the injection, and no mark is left on the skin.

DOES IT UPSET THE CHILD?

No. There is no indisposition of any kind in children.

FORM 2—(continued).

IS IT EFFICIENT ?

Yes. But to make certain of success a Schick Test is given three months afterwards.

WHAT IS A SCHICK TEST ?

A simple and painless skin test that has no harmful effect.

HOW LONG DOES PROTECTION LAST ?

For a great many years and probably for life.

WHAT WILL IMMUNISATION COST ?

FREE. To protect your child will cost you nothing, to neglect to do so may cost the child its life.

COUNTY BOROUGH OF SOUTHAMPTON.**School Medical Department.**

It will greatly assist with records if you will kindly fill in this form, including all children between the ages of one year and fourteen years.

* I Desire Immunisation.	Names of Children in family.	Date of Birth.	School if any.
.....
.....
.....
.....
.....
.....
.....
.....

* If you desire your child to be Immunised please enter "YES" in this column, if, however, the child has already been protected enter "Immunised."

I hereby agree to my children, labelled "YES" above receiving protection against Diphtheria.

Signature of Parent or Guardian.....

Address.....

.....

Date.....

The treatment carried out under the Council's scheme consists of :—

1. A course of two or three protective injections according to age.
2. A final Schick Test.

FORM 3.

DEAR SIR OR MADAM,

PROTECTION AGAINST DIPHTHERIA.

If you are desirous of having your children immunised against Diphtheria, and have not already completed the Acceptance Form, please do so immediately.

Delay now may mean difficulty in arranging appointments later, as only a limited time can be devoted to this important service.

I must impress upon you, therefore, the urgent need for your full consideration of this service, which is offered to you free of charge.

Do not wait until actual cases arise, but help us to combat this dreaded disease by protecting your children from serious infection.

Yours faithfully,

H. C. MAURICE WILLIAMS,

School Medical Officer

CHILDREN EXCLUDED FROM SCHOOL, 1938.

The following are particulars of the defects for which children were excluded from School as required by the Code :—

Adenitis	...	...	...	...	...	...	6
Adenoid Operations	...	...	...	...	...	...	16
Asthma	...	...	...	...	...	...	3
Blepharitis	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	...	15
Chicken Pox	...	...	...	...	...	...	16
Chorea	...	...	...	...	...	...	9
Conjunctivitis	...	...	...	...	...	...	17
Debility	...	...	...	...	...	...	37
Dermatitis	...	...	...	...	...	...	2
Epilepsy	...	...	...	...	...	...	1
Glands	...	...	...	...	...	...	7
Heart Disease	...	...	...	...	...	...	8
Herpes	...	...	...	...	...	...	9
Impetigo	...	...	...	...	...	...	260
Infantile Paralysis	...	...	...	...	...	...	2
Measles	...	...	...	...	...	...	4
Miscellaneous	...	...	...	...	...	...	656
Mumps	...	...	...	...	...	...	20
Otitis Media	...	...	...	...	...	...	5
Otorrhœa	...	...	...	...	...	...	4
Pediculosis Capitis	...	...	...	...	...	...	601
Rheumatism	...	...	...	...	...	...	8
Ringworm (Head)	...	...	...	...	...	...	7
Ringworm (Body)	...	...	...	...	...	...	7
Scabies	...	...	...	...	...	...	46
Seborrhœa	...	...	...	...	...	...	1
Sores	...	...	...	...	...	...	251
Tonsil and Adenoid Operations	...	...	...	...	...	...	233
Tonsillitis	...	...	...	...	...	...	17
Tonsil Operations...	...	...	...	...	...	...	2
Whooping Cough	...	...	...	...	...	...	2

REPORT ON SUMMER SCHOOL.

General.

The accommodation remains as last year.

The school opened on 25th April, and closed on 19th October. During this time it was visited by 473 girls from 22 departments and 455 boys from 20 departments.

The experiment of 1937 of sending a selected group of boys and girls for an extended period was repeated in 1938. This seems really worth while, but, unfortunately, it means 120 less children visiting during the year.

The weather was again kind to us except for the fact that low temperatures curtailed sea bathing, but very few were the days upon which *all* lessons had to be taken indoors.

Field.

Again we were restricted in playing space as, although the levelled portion of the field had been sown, it was thought advisable for the future good of the field to leave it unused and keep the grass well cut until next year.

Dwarf rose bushes have been planted in the gardens around the pools, and young plants have been raised in another bed for planting out next year. Trees and shrubs have also been planted on both sides of the road inside the gates, which add a welcome decorative effect.

Kitchen.

The kitchen, always most important, has again been greatly improved both as regards cleanliness and labour saving.

Gas has taken the place of coal and a splendid two oven gas cooker and a steamer have been installed. This has allowed us to dispense with the coal store, thus increasing our food storing capacity.

Feeding still remains at its well known high standard, and is much appreciated. Soup, which proved so popular on cold evenings last year, was provided again this year under similar conditions.

Fresh Air.

In the report for 1937, mention was made of the importance of fresh air, and in this connection it is surprising to note how many children have to be literally driven from the dormitories during their free time when they could and should be out of doors.

Baths.

Sea bathing, as mentioned earlier in this report, was not indulged in frequently, on account of low air temperatures, but about midway through the season a change was made in the hot shower bath arrangements. From this time the boiler was kept going and hot showers taken daily as a part of the daily routine. This proved to be very popular with the children.

Nurse and Health.

Another season has emphasised the wisdom of the appointment of a resident nurse.

During each fortnightly period all the children are inspected by nurse on three occasions, and those who come for a longer stay, are inspected four times.

Nurse's services were required daily, but, fortunately, the season passed with almost complete freedom from serious illness or accident. The most serious was a case of suspected mastoid. This lad was taken to the Children's Hospital at Southampton, and after recovery, returned with another group.

Two other cases were removed to the Isolation Hospital, suffering from mild attacks of German Measles. Fortunately, these were both in the very last period.

Those treated at Summer School included one case of jaundice, but the majority were minor cases of some throat colds, constipation, cuts, bruises, and unclean heads.

Regarding heads, it was pleasing to note a great improvement, and, although this cleansing still takes a good deal of Nurse's time, it is not nearly so troublesome as in the past.

One other thing which gives rise to anxiety is the number of cases of Enuresis. The trouble here is that the soiling of bedding is usually the first intimation we have. Rubber sheets are then issued for future use, but the point is that the bed has already been soiled, and even when dried and sprayed with disinfectant, the stain remains.

Educational.

Education proceeded along lines similar to those of last year, but we do seem to be getting better continuity and arousing greater interest.

Some small microscopes stimulated great interest among the children, as also did a new method of preserving specimens.

Visitors.

H.M. Inspectors visited on three occasions and reported favourably on the School and its activities.

Members of the Education Committee paid their official visit on 13th July, and again showed the keenest interest in everything connected with the School.

Parents, friends and teachers, continued to pay frequent visits, and we are grateful to them for their continued interest.

One point, however, arises out of these visits. This is the matter of foodstuffs brought and sent through the post. As surely as night follows day, pain and attention from the nurse follow Visitors' day and parcel post. With the best of intentions parents bring or send quantities of cake, sweets and fruit. Naturally, feasts follow, often with unpleasant results.

We wish that parents would realize that at the Summer School we have a well thought out and balanced diet—ample food, including cake and fruit, is supplied to the children, and small but sufficient quantities of sweets are available for purchase every evening. One might almost say that the thought given to dietary is at least partly wasted if parents persist in sending these "extras."

Change in Day of Arrival and Departure.

In previous years when the children left for Stubbington on Friday, it was found that considerable home-sickness was in evidence during the first few days. This year, in an attempt to overcome this, the children were sent down on Monday and were able to get straight on with school work on the following morning. There was not nearly so much home-sickness this year, and another advantage of the scheme was found in that two free days came at the end of the period, when the children were well used to their surroundings and could take full advantage of them, instead of at the beginning when everything was strange and new.

Staff.

The kitchen, upon which so much depends, has again given of its best, and full advantage was taken of the new equipment.

Actually the kitchen turned out the surprising number of 65,432 individual meals during the season, at an average cost for food and drink, of 2.96d. per meal.

Well equipped as the kitchen undoubtedly is, it is felt that it could be still further improved by the provision of an adequate and constant supply of hot water, and some better means of keeping food hot after cooking. Proposals relating to this matter are being put forward, and it is hoped that the members of the Education Committee will give them their favourable consideration.

Nurse has again rendered most valuable service, extending beyond that given in her professional capacity.

The new field worker has given every satisfaction, and the field and gardens show evidence of his care.

The tradesmen have spared no effort in making their services very real and helpful.

Members of the teaching staff have again proved most loyal, hard working and sympathetic, giving freely of their time and energy in the interests of the children and the school, from rising bell until lights out, and sometimes afterwards.

The ungrudging help given by Mr. G. W. Anderson, Organiser of Physical Training, and by the other members of the Education Office Staff, was gratefully received at the school, for it is recognised that this help means so much in the working of the outpost at Stubbington.

A pleasing feature is the continued good relations between the children and staff, and local residents.

In general, 1938 may be written as yet another successful year in the Education Committee's open air venture which, begun in the nature of an experiment, has now passed far beyond that stage, yet which still offers abundant scope for the future.

SUMMER SCHOOL, 1938.—SUMMARY OF WEIGHTS.

	DATE.	Number of Children Weighed.		Gained.	Lost.	No Change.	Average Gain.	Average Loss.
		Boys.	Girls.					
1	25th April to 9th May	—	120	65	49	6	1.38	1.16
2	9th May to 23rd May	116	—	92	17	7	2.18	1.3
3	23rd May to 3rd June	—	118	101	17	—	2	1.3
4	A. 13th June to 6th July	120	—	85	28	7	2.12	.88
5	A. 6th July to 28th July	—	120	108	8	4	2.66	1.25
6	5th Sept. to 19th Sept.	116	—	84	26	4	1.9	.62
7	B. 19th Sept. to 28th Sept.	—	115	94	18	3	1.67	1.2
8	5th Oct. to 19th Oct.	103	—	86	13	4	3.15	1.25

BOYS. Total gained in weight ... 347 Average gains ... 2.34 lbs.
 „ lost in weight ... 84 „ losses94 lbs.
 „ no change 22

GIRLS. Total gained in weight ... 368 Average gains ... 2.0 lbs.
 „ lost in weight ... 92 „ losses ... 1.21 lbs.
 „ no change 13

Greatest individual gain Boy, 6½ lbs. Girl, 7 lbs.
 „ „ loss Boy, 4½ lbs. Girl, 4¾ lbs.

A.—Special cases (three weeks' stay).

B.—Short Period—Crisis.

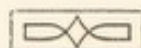
SUMMER SCHOOL.—LEE-ON-THE-SOLENT.

ROTA OF VISITS.

Date of Visit.	School.	Number. Total.	Staff.
25th April to 9th May.	Woolston	8	Miss W. Chamberlain
	Regent's Park	22	Miss E. Sleep
	Ludlow Road	35	Miss W. Coulson
	Deanery	37	Miss E. Brown
	Swaythling	14	Miss F. Flaherty
	Bevois Town	4	
		—120	
9th May to 23rd May.	Portswood	19	Mr. L. G. Silk
	Central District	22	Mr. H. A. B. Simons
	Regent's Park	21	Mr. W. J. Shuker
	Deanery	31	Mr. W. C. Heasell
	Mount Pleasant	10	Mr. W. D. Jones
	Foundry Lane	11	
	Bevois Town	6	
		—120	
23rd May to 3rd June.	Shirley Warren	42	Miss C. Cross
	Central District	22	Miss D. Kendall
	Springhill R.C.	20	Mrs. M. McGarry
	St. Joseph's R.C.	8	Miss M. O'Connell
	Woolston R.C.	12	Miss R. E. Turner
	Freemantle	10	
	Mount Pleasant	6	
		—120	
(Special Period.) 13th June to 6th July.	Deanery	24	Mr. T. Charlton
	Ludlow Road	5	Mr. A. J. Warren
	Foundry Lane	2	Mr. W. Marchant
	Swaythling	18	Mr. H. Travis
	Woolston	4	Mr. J. H. Guilmant
	Mount Pleasant	3	
	Portswood	7	
	Central District	9	
	Springhill R.C.	2	
	Merry Oak	11	
	St. Denys	3	
	Shirley Warren	14	
	Northam	6	
	Regent's Park	10	
	St. Mark's	2	
		—120	

ROTA OF VISITS—Continued.

Date of Visit.	School.	Number. Total.	Staff.
(Special Period.) 6th July to 28th July.	Bitterne Park	2	Miss W. Carter
	Bevois Town	3	Miss P. Sly
	Mount Pleasant	6	Miss E. L. Cooper
	Ludlow Road	8	Miss S. Tucker
	Portswood	3	Mrs. L. J. Howland
	Swaythling	13	.
	Central District	6	
	Northam	6	
	Shirley Warren	31	
	Merry Oak	17	
	Deanery	18	
	Woolston	7	
		—120	
5th Sept. to 19th Sept.	Ludlow Road	42	Mr. W. R. Hammon
	Western District	10	Mr. E. D. Sebborn
	Shirley Warren	35	Mr. F. Faller
	Springhill R.C.	14	Mr. J. Shepherd
	Woolston R.C.	6	Mr. W. Marchant
	St. Joseph's R.C.	11	
		—118	
19th Sept. to 3rd Oct.	Portswood	19	Miss J. Kingham
	St. Denys	10	Miss L. Stout
	Merry Oak	32	Miss F. M. Coar
	Bitterne Park	8	Miss D. M. Burt
	Foundry Lane	8	Miss B. Morgan
	Northam	22	
	Western District	10	
	St. Mark's	3	
	Woolston	12	
		—124	
3rd Oct. to 17th Oct.	Swaythling	20	Mr. A. J. Cooper
	Woolston	19	Mr. L. W. Stratton
	Northam	11	Mr. T. Wandlass
	St. Mark's	2	Mr. R. V. Ward
	Bitterne Park	10	
	Merry Oak	35	
	St. Denys	9	
	Western District	1	
		—107	



REPORT OF THE ORGANISER OF PHYSICAL EDUCATION.

BOYS AND MEN.

"For their proper conduct physical exercises require first of all ample playground space. . . . They require, in addition, a hall . . . where the systematic lessons may go on from week to week without interruption from the weather. . . . We therefore regard suitable accommodation, apart from the playground, as an indispensable part of the equipment of schools for the purpose of physical exercise."

"Such exercises . . . cannot properly be performed in heavy boots or clogs, and it is recommended that wherever possible a supply of gymnastic shoes should be made part of the school equipment."

These extracts are from the Syllabus of Physical Exercises, which was published in 1904. Thirty-four years have passed since these words were written, and yet the same problems of accommodation and dress are almost our chief concern to-day. The reason to-day is that the progress made in the design of the syllabus exercises—for Senior Schools in particular—has outstripped the advancement in buildings.

As mentioned in last year's Report, all new Senior Schools will be provided with a gymnasium and adequate arrangements made in other schools. During next year work will be commenced on the first of the new schools, so that within two years there should be at least three schools with fully-equipped gymnasia. In a further two years it is hoped that all Senior Schools under the Authority will possess up-to-date arrangements for physical exercise.

The possession of a number of gymnasia in the town should act as a stimulus to the formation of additional evening classes for youths and adults, and in this way will provide an admirable contribution to the National Fitness Scheme.

The question of the supply of shoes is not an easy one. Apart from their storage, which raises many difficulties, there is the problem as to whether they shall be supplied to every child or only to the necessitous.

It has been decided, for the time being at least, to issue a limited number of shoes to each school. Both the Class Teachers' Association and the Head Teachers' Association agreed that shoes should only be provided in cases of real necessity, and that all children should be encouraged to buy their own.

A sum of £300, which will purchase approximately 3,600 shoes, has been granted, and these will be issued to schools in the proportion in which free milk is supplied. It is hoped that further grants will be available to increase the scope of the scheme and to make replacements possible.

Courses for Teachers.

It has always been difficult to secure the attendance of teachers at courses arranged during the evening, owing to the fact that many of them are engaged in teaching at one or other of the Evening Institutes. Consequently, it is found that over a period of years the same teachers attend the courses, and it is usually these who are least in need of such classes.

As an experiment, a course in Physical Exercises and Swimming Instruction was held on Friday afternoons during the autumn term. Six weekly lessons were held, ending on 16th December. The course will be repeated from 13th January to 17th February, 1939.

The course in Physical Exercises was undertaken by the Organiser of Physical Training, and consisted of a series of demonstration lessons with boys covering the age range from 9 to 14 years. Twenty-nine teachers attended.

For the course of Swimming Instruction the services of an expert swimming coach, Mr. S. Brickett, N.A.S.I., were obtained, and teachers received the benefit of a series of excellent lecture demonstrations.

There is no doubt that the courses held during school hours are more efficient than those held in the evening. Representatives from nearly every department attended the day course, so that the knowledge gained has been disseminated over a majority of the schools.

The Physical Training Lessons.

Good posture has always been accepted as the stamp of success in any Physical Training system. It is the criterion upon which all judgment of Physical Training must be made. Good posture can be maintained relatively easily in fixed positions, but

it is more difficult during movement. It is here that emphasis must be laid on posture. The child must be taught to move easily, gracefully, and with economy of effort, and it is doubtful whether this can be achieved in the limited time given to physical exercise. Co-operation with other teachers and during other lessons must be taught, and steps taken to ensure that the lessons are regular and progressive, if permanent results are to be obtained.

Based on this standard of posture, it can be said that the work shows steady, if slow, progress, but there is too wide a gap between the two ends of the scale.

Most of the schools have now allotted a satisfactory amount of time to this subject, but the ideal of a daily period of exercise is not yet universal. Some of the senior departments are reluctant to give three periods of a minimum of 30 minutes a week, claiming that the time-table is already overcrowded. The schools that are able to allow the three periods of 30 minutes do so without prejudicing the other subjects on the time-table.

The teachers have shown themselves to be keen in their desire to interpret the syllabuses of exercises to the advantage of the boys under their care. This is made evident in the way the boys are dressed for exercise. Most of the schools now encourage as little clothing as possible. There are still only three schools where the boys divest themselves of all clothes, except shorts or trousers, and change into plimsolls.

When the back is bare deviations from good carriage can more readily be detected and corrected, and the feeling of freedom associated with a minimum of clothes gives an added zest and enjoyment to the lesson.

There is no doubt that with the provision of shoes the attitude towards this important feature will gradually change.

Organised Games.

In all previous reports mention has been made of the inadequate arrangements for organised games. This must always be the case when only public grounds and parks are available. The lessons must be taken under the gaze of the public, and the games are limited to those played by adults—football and cricket. The boys suffer still further by having to play on pitches marked out for youths and men, and these are invariably too large. Facilities for the playing of minor games and for the teaching of the various phases of the games are either very poor or non-existing.

The opening of the two Education Committee's grounds at Weston Lane and Aldermoor during next year is being looked forward to with keen anticipation. Thirty acres have also been acquired at Swaythling, and when this ground is ready, these 60 acres will remove most of the difficulties associated with the teaching of games and athletics in the Elementary Schools.

Further progress with the game of baseball as an alternative to cricket has been made. The National Baseball Association made a generous contribution of equipment which was well used.

Swimming Instruction.

It must again be emphasised that the facilities for Swimming Instruction are extremely poor. One swimming bath only is available for the whole of the schoolboy population of 11,736. The bath has been planned on adult proportions, so that the water at the shallow end is much too deep to allow of efficient class instruction. Great difficulties are, therefore, experienced with the teaching of small boys. Of the 35 periods of 45 minutes during the week only 28 are available for use, as the bath is reserved for mixed bathing on Wednesday afternoons, and in the winter on Friday afternoons in addition.

This should provide accommodation for only 560 boys, but such is the demand for instruction that for many of the periods two classes of 20 boys each attend at the same time, and the existing time-table makes arrangements for the attendance of approximately 1,000 boys each week. Three schools are obliged to attend out of school hours owing to their distance from the baths.

Intimation has been given that two of the Boys' Secondary Schools are to apply for reservation of the Baths. If this happens, the teaching of Swimming Instruction in the Elementary Schools will suffer considerably.

The opening of the proposed Open-air Bath will relieve congestion only in the summer months, so that its presence will not benefit to any great extent.

The only solution to this problem would appear to be the building of teaching baths in the various districts of the town, as was mentioned in last year's Report.

It will be appreciated that, under present conditions, it is impossible to arrange an adequate scheme of instruction, which

should include (a) the teaching of the non-swimmer ; (b) the coaching of the swimmer, including instruction in new strokes, diving, etc. ; and (c) the teaching of the art of life-saving.

The special course in Swimming Instruction will prove of great value to the teachers in overcoming some of their many difficulties.

In co-operation with the National Fitness Council, arrangements are being made to hold displays of Swimming and Diving Films early in the New Year. In addition to the displays for the benefit of teachers and school children, the films will be shown to the public and to the students of University College.

Evening Classes.

The volume of work in arranging and supervising evening classes shows no sign of abatement—in fact, the reverse is the case. With the increased interest in Physical Training, through the stimulus of the National Fitness Council, it is evident that this increase is inevitable, and therefore the planning and supervision of Physical Training work extend over day and evening throughout the week.

The Evening Classes are arranged in three main groups :
(1) Evening Institute Classes ; (2) Voluntary Organisation Classes ;
(3) Recreative Classes.

Evening Institutes.

These classes form an integral part of the curriculum of the Evening Institutes, and have again proved very popular at each of the Evening Institutes, with the exception of the Deanery Evening Institute, where the Headmaster was unable to form a class. Fencing instruction, however, has proved attractive in this instance, and two classes, one for beginners and one for advanced instruction, have enjoyed good attendance. A third fencing class has been established at Itchen Evening Institute.

As a result of enthusiasm, the Deanery Fencing Club has been formed, and already its reputation has been enhanced by victories over well-established clubs, including those of detachments of the Navy and Air Force.

Altogether ten classes are running—six for Physical Training, three for Fencing Instruction, and one for Swimming Instruction. The last class has been successful in gaining six bronze medallions and one instructor's certificate of the Royal Life-saving Society.

VOLUNTARY ORGANISATIONS.

A close co-operation between the Juvenile Organisations' Committee and the Education Committee exists to foster the growth of physical activities in the Boys' Clubs of the town. There are 23 Boys' Clubs in Southampton. Of these, 18 hold Physical Training classes (some of them more than one). The Education Committee supplies instructors, and, where necessary, the use of school halls and equipment, to nine Clubs.

The average number on roll for each Club is over 20, but the average attendance at some of the classes shows that approximately just over half the boys attend regularly. It is feared that many boys are finding forms of recreation in which the cultivation of healthy bodies is but a secondary consideration.

The problem of finding leaders for such classes is an acute one. An important event in this direction was the holding of a Leaders' Course in Recreative Physical Training at the Committee's Summer School, at Stubbington, during Whit week-end. A full complement of 60 students (men and women) attended, and there have already been insistent demands for another course. For the men's part of the course, the Organiser of Physical Training was assisted by a representative of the Central Council of Recreative Physical Training, and a member of the staff of the Army School of Physical Training.

Recreative Physical Training Classes.

The number of classes of this type is, to a large extent, governed by the number of gymnasia and halls available. It is generally recognised that, for adolescents and men, a gymnasium is preferred to a school hall. At present only two gymnasia are available, both belonging to Secondary Schools, and as the schools require their use for internal activities, the number of evenings available for other classes is strictly limited.

Seven classes have been formed this year with a total enrolment of approximately 200.

Prior to the opening of the cricket season, a special course of twelve lessons was arranged for the playing members of the Hampshire County Cricket Club.

Demonstrations and Displays.

A number of demonstrations and displays have been arranged by the Organiser during the year. Perhaps the most interesting was one organised in co-operation with the National Fitness Council on 22nd July, in which a team of Danish schoolboys was the main attraction. A display during the morning was witnessed by 1,500 Secondary School boys and girls, while in the evening at least 3,000 of the public were entertained with a highly-polished and skilful exhibition of Physical Training by the Danish boys and members of Southampton Boys' Clubs.

On another occasion the Minister of Health congratulated over 100 boys and youths for an interesting and well-executed display.

Elementary Schools' Athletic Association.

No report would be complete without reference to the valuable work done by the teachers in their out-of-school activities. A large number of teachers give their time whole-heartedly to foster a love of games, athletics, swimming and camping. During the summer holidays over 300 boys and 24 teachers attended the camp organised by the Camping Branch of the Association.

In addition to the ordinary duties connected with the schools and evening classes, the Organiser has been called upon to take an active part in many other directions. He has attended and/or addressed several meetings concerned with the National Fitness Council, the Central Council of Recreative Physical Training, Hampshire County Amateur Athletic Association, and Hampshire County Amateur Swimming Association; also meetings to arrange various displays, and to discuss matters connected with rowing, football, cricket and baseball.

He has also given a number of talks to Boys' Clubs and other organisations.

He is also Honorary Adviser in Physical Training to the Southampton Federation of Boys' Clubs, and to the Southampton Juvenile Organisations' Committee, and, on the latter body, is a member of the Rowing and Community Centre Sub-Committees, and Chairman of the Physical Training Advisory Sub-Committee.

GIRLS AND INFANTS.

Girls.

The work in the girls' schools is progressing satisfactorily ; in all the senior schools there are specialist teachers who wear light gymnastic costume. The girls are keen and enthusiastic, and a good standard is maintained.

All children now change into knickers and blouses, and in some schools where there is a good floor, indoor work is done in bare feet. Agility work is, on the whole, good, but in some schools it is more varied than in others. Specialist teachers are supplementing the 1933 syllabus with agility work from the Board of Education Recreative Book with very good results. Posture is improving, particularly in the few schools where special daily posture classes are held. Throughout the town there is more consciousness of posture, and girls both stand and walk better than they did a few years ago.

In some girls' departments there is a daily Physical Training lesson, in others only three lessons a week. It is hoped that all schools will soon have a daily period of Physical Training for all girls.

Infants.

There is plenty of activity work in all infant schools, and the children are taught to be self reliant in getting out, and putting away their balls, mats, ropes, etc. Many infant teachers still do not demand sufficient effort from their children. Jumps of 3 inches high are often given when the children are easily capable of jumping 12 inches or 14 inches, and ditches of one foot are drawn when the children can jump a width of $2\frac{1}{2}$ to 3 feet.

In many infant schools the children change their shoes and adapt their dress, and it is hoped that in the near future all infants will do so.

It is increasingly obvious that in all schools there must be some adequate indoor accommodation for the Physical Training lessons on wet and cold North and East wind days. The modern Physical Training lesson necessitate the wearing of the minimum of clothing—knickers and a vest or blouse, and bare arms and

legs. It is unsuitable to work out of doors in such costume in a bitter North or East wind, more clothes have to be worn, and the efficiency of the exercises is in part lost. On cold windless days we prefer work out of doors, and with the addition of a woollen jumper, this is both possible and beneficial, but accommodation indoors is necessary for the wet and unsuitable days.

Feet.

In both infant and girls' schools, the tendency to flat-footedness is very marked. On the whole it is found that children have very little spring and elasticity in the joints of the foot and ankle. A special class for foot exercises is being held, and with regular bare foot exercises in the ordinary Physical Training time-table, it is hoped that some improvement in the general condition of the feet may be effected.

Swimming.

Swimming is still impeded by lack of accommodation and an antiquated swimming bath. Many schools are now providing their own teacher for swimming lessons, and good work is being done, but in so many schools there is a waiting list of children who wish to learn to swim.

This year we have had two afternoon courses of six swimming lectures demonstrations, ending with one afternoon of demonstration lessons given by a specialist swimming teacher in the schools.

Keep Fit.

There are now running in the town 14 open Keep Fit classes for women, and 36 Keep Fit classes in clubs and Evening Institutes. These are well attended and much appreciated. There is a team of enthusiastic leaders to whom the success of the work is due. Last year there was a demonstration of Keep Fit work given in the Guildhall, in which 1,000 people (500 girls and 500 women) took part.

PROVISION OF MEALS.

The total number of meals served during the year ended 31st December, 1938, was 300,254, an increase of 14,624 on the number for the preceding year.

The meals consisted of 78,501 breakfasts and 221,753 dinners.

The total cost of providing the meals for the year was £6,318, the average cost per meal for food only being 2.43d.

The Centres at which meals are provided are :—

SHIRLEY (Stratton Road).	NORTHAM (Belvidere Terrace).
CANAL WALK.	WOOLSTON (Spring Road).
BURGESS ROAD.	SHOLING (North East Road).

These Centres supplied meals to the following schools :—

SHIRLEY—Foundry Lane, Regent's Park, Shirley, Springhill, Western District, St. Jude's, Shirley Warren, Coxford, St. Mark's, Aldermoor, and Freemantle.

NORTHAM—Northam, Mount Pleasant, and Central District.

CANAL WALK—Eastern District, St. John's, Ascupart, St. Joseph's, St. Mary's, Bitterne Park, St. Denys, and Deanery.

WOOLSTON—Ludlow Road, Station Road, Pear Tree Green, Woolston R.C., Station Road Special, Woolston, Bitterne C.E., and Merry Oak.

BURGESS ROAD—Portswood, Highfield, Swaythling Senior, Swaythling Junior and Infants, and Bassett Green.

SHOLING—Sholing Boys and Middle Road Girls and Infants.

The number of children for whom meals were provided at all the Centres was 1,246, and these were drawn from the following schools :—

St. John's	...	...	27	Foundry Lane	...	...	9
Central District	...	...	12	Regent's Park	...	...	60
Ascupart	...	...	29	Springhill	...	...	27
St. Denys	...	...	3	Shirley	...	...	113
St. Mary's	...	...	3	Pear Tree Green	...	...	15
Swaythling	...	...	107	Station Road Special	...	...	35
Portswood	...	...	57	Merry Oak	...	...	42
Bassett Green	...	...	73	Middle Road	...	...	72
Western District	...	...	3	Sholing Boys'	...	...	50
Eastern	...	...	48	Woolston R.C.	...	...	7
St. Joseph's	...	...	22	Ludlow Road	...	...	109
Northam	...	...	126	Station Road Infants'	...	...	11
Shirley Warren	...	...	80	Deanery	...	...	38
Bitterne C.E.	...	...	6	Woolston	...	...	2
Mount Pleasant	...	...	27	Coxford	...	...	22
Bitterne Park	...	...	11				

MALT AND OIL.

During the year 828 cases have been recommended by the School Medical Officer. Of these, 80 have been served at home, 287 at the schools for payment, and 449 served at the schools free.

Twelve could not or would not take Malt and Oil.

MILK LUNCHES.

The total number of milk lunches served during the year ended 31st December, 1938, was 2,306,342. Of these, 707,338 bottles of milk were supplied free, and 1,599,004 were supplied for payment.

MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

The arrangements for the examination of this group of children remained the same as in previous years.

The results of the examinations carried out are shown :—

MENTAL EXAMINATIONS—

Dull and Backward	...	...	...	88
Not Defective	...	...	...	7
Mental Defective, Feeble-minded	...	...	...	39
Notified to Local Authority	...	...	...	12
Certificates returned	...	...	...	2
Diagnosis postponed	...	...	...	8
				—156

PHYSICAL EXAMINATIONS—

Residential Open-air School	...	...	...	60
Day Open-air School	...	...	...	2
Ordinary School	...	...	...	192
Deaf School	...	...	...	5
Blind School	...	...	...	7
Epileptic School	...	...	...	1
Heart Home	...	...	...	5
Cripples	...	...	...	1
Others	...	...	...	17
				—290
Employment cases	...	...	...	33

SPECIAL SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

This school, in Porchester Road, has accommodation for 56 children, who, after special examination, have been certified to be incapable of receiving proper benefit from instruction in an ordinary school, but not incapable of receiving benefit from instruction in a Special School.

Information as to the examinations carried out this year is appended :—

Number of Examinations	...	...	25
Number of Parents present	...	...	14

	Defect.					Referred for	
						Treatment.	Observation.
Eyes	—	3
Colds	—	1
Teeth	3	—
Speech	—	1
Rhinitis	—	1
Bronchitis	—	1
Ear Disease	—	2
Submax and Cervical Glands	—	1

SOUTHAMPTON MENTAL WELFARE ASSOCIATION.

There were 101 Education cases on the books of this Association on the 31st December, 1938, made up as follows :—

Under the age of 14 years.

				Boys.	Girls.	Total.
Feeble-minded	...	...	...	25	24	49
Dull or backward	...	...	...	6	2	8
Unclassified	...	...	...	2	7	9
						— 66

Over the age of 14 years (and under 16 years).

				Boys.	Girls.	Total.
Feeble-minded	...	...	...	16	8	24
Dull or backward	...	...	...	7	1	8
Unclassified	...	...	...	1	2	3
						— 35
						101
						—

During the year 377 visits were paid to the homes of children, between the ages of 7 and 16 years, attending the Special School, and the Elementary Schools in the Borough. Three hundred and twelve yearly and half-yearly reports were sent to the Secretary for Education, and copies sent to the School Medical Officer.

New cases and re-applications during the year numbered 24.

The following cases were withdrawn from this section :—

Referred to other Associations	...	...	...	...	1
Not mentally defective	...	...	...	...	77
Admitted to Special Residential Schools	...	...	...	...	8
Left Southampton	...	...	...	...	1
Untraced	...	...	...	...	2
					— 89
Placed under Statutory Supervision	...	...	...	...	7
Transferred to general section on attaining the age of 16	...	...	...	...	6
					— 102

An Occupation Centre has as its primary object the provision of simple training and suitable occupation for those mentally defective children in its area living in their own homes, who have been pronounced by the School Medical Officer to be "incapable of receiving benefit in a Special School," and who as such have been reported under Section 2 (2) (b) of the Mental Deficiency Acts to the Mental Deficiency Committee.

It should be clearly understood at the outset that an Occupation Centre, of whatever type it may be, is in no sense a substitute for a Special School. The Special School seeks by careful training and specialised educational methods to equip its pupils to fill some place in the outside world which will enable them to be at least partially self-supporting.

The aim of the Occupation Centre is not to equip its children to fill any economic function in the outside world—which the majority of them will never be taught to do, although some do find light jobs—but to "fit" with less difficulty into the home and community life. The criterion for the suitability of a defective for attendance at a Centre is not, therefore, an educational one; the one legitimate ground for exclusion from it is, that his presence is detrimental to the well-being of the other children.

Experience has shown that it is absolutely impossible for a hard-working mother to give a defective child the continuous care and wise training he needs, and for want of occupation, interest and exercise, he is apt to become a heavy burden in the home, and, through lack of interest, to fall into mischief. It is a well-known fact, testified to on every hand, that a child who has been trained in a school or institution will deteriorate in the most deplorable fashion as the result of a subsequent period of idleness at home. Similarly, a low-grade child left continuously without training is likely to grow up helpless, dirty and uncontrolled, an inert weight upon those who have care of him, and destined to be a heavy burden on the institution to which, ultimately, he must be sent. On the other hand, if he is provided with the opportunities for learning self-control, cleanliness and simple manual work, and placed amongst children who are his equals and not his superiors, so that he is freed from the stultifying sense of inferiority, from which, consciously or unconsciously, he continually suffers, his self-respect is so roused that a change is effected in him which is considerable.

There is so much that an ordinary child learns without being taught—learns without knowing that he is learning it—all sorts of personal habits, knowledge of what is dangerous and what is not, knowledge of how to play and with whom to play, all simple and obvious things which a defective child has to be taught with infinite care and patience, to say nothing of skilled and experienced handling. The only way he can be taught these things is by routine, by living a routine life, by doing the same things over and over again at the same time, and in the same way. Such training is quite out of the scope of a normal household. In addition, there is training in more formal accomplishments; learning to do useful work, simple household tasks, handicrafts, and the like.

Most defectives when they first attend the Occupation Centre are uncontrollable, incapable of performing the most simple tasks, but after a short period of training a marked improvement in their condition can be seen, and they are able to attend to personal habits, feed themselves, and do simple jobs, such as helping in the kitchen; many higher grade defectives learn to make rugs, to weave cloth, and make wooden ornaments. Most mothers are surprised at the great improvement made, although at first they reluctantly give their consent to their children attending the Centre. There are many low-grade defectives living in the community who would benefit considerably from training in an Occupation Centre, receiving no training whatsoever, and it is a tragedy to allow these children to remain at home to deteriorate both mentally and physically.

MEDICAL INSPECTION AT OCCUPATION CENTRE.

6th APRIL, 1938.

Number of Examinations	...	...	...	23
Number of Parents present	...	...	...	17

Defect.					Referred for		Observation.
					Treatment.		
Teeth	...	...	...	...	6	...	—
Eyes	...	...	...	...	1	...	1
Lungs	...	...	...	...	—	...	3
Deformity	...	...	...	...	—	...	1
Thyroid Defect	...	...	...	...	—	...	1
Posture	...	...	...	...	—	...	1

NURSERY CLASSES.

The children attending the Nursery Classes at Northam, Eastern and Mount Pleasant Schools were examined as in previous years.

At the medical inspection 143 children were seen by the Medical Officers and 11 children were referred for treatment. This represents 7.7% of the children examined.

CHILDREN EXAMINED.

Northam	...	...	...	...	...	77
Eastern	...	...	...	...	...	36
Mount Pleasant	...	...	...	...	...	30
						<hr/>
Total						143
						<hr/>

The defects found were :—

Defect.						Referred for	
						Treatment.	Observation.
Impetigo	...	...	...	...	...	1	—
Defective Vision	...	...	...	...	...	2	—
Squint	...	...	...	...	...	1	—
Otitis Media	...	...	...	...	...	1	2
Other Ear Diseases	...	...	...	...	...	1	4
Tonsils	...	...	...	...	...	2	1
Adenoids	...	...	...	...	...	1	2
Tonsils and Adenoids	...	...	...	...	—	...	1
Cervical Glands	...	...	...	...	—	...	2
Heart, Organic	...	...	...	...	—	...	1
Bronchitis	...	...	...	...	—	...	3
Other Non-tubercular Diseases	...	...	...	...	—	...	2
Other Deformities	...	...	...	...	—	...	6
Other Defects or Diseases	...	...	...	...	2	...	3

MEDICAL ADVICE AND TREATMENT.

In the event of children attending the Municipal Clinics for treatment, enquiries are made as to the financial position of the parents or guardians, as in order to comply with Section 81 (1) of the Education Act, 1921, a charge must be made for treatment in accordance with the scale of charges approved by the Board of Education.

This scale is printed below :—

- (a) Where the total income does not exceed £30 per head per annum (11/6 per head per week) of the family or household dependent on the income—

NO CHARGE TO BE MADE.

- (b) Where the total income exceeds £30 per head per annum (11/6 per head per week), but does not exceed £50 per head per annum (19/3 per head per week), charges shall be made as follows :—

Tonsil and Adenoid Operations :—						s.	d.
Maintenance at Borough Hospital (2 days)	...					18	10
Surgeon's Fee	...	...	...	...	...	10	0
Eye Disease (other than refractions)	...					2	6

Spectacles are provided by the parents or by special arrangements with the Education Committee.

Dental treatment (per attendance)	...	...	...	...	...	1	0
Minor Ailments—skin diseases (no charge to be made for first week)	...	...	...	...	...	1	0
X-ray treatment of Ringworm	...	...	...	...	...	15	0
Artificial Light treatment (per attendance)	...					1	6

- (c) Where the income exceeds £50 per head per annum the charges shall be increased 50 per cent.

Treatment at the Municipal Clinic is offered to all school children attending either elementary or secondary schools, and no distinction is made.

The amount of fees received during the year ended the 31st December, 1938, for treatment at the Municipal Clinics was £278 13s. 5d.

THE USE OF THE GRAMOPHONE AUDIOMETER IN SCHOOLS.

G. D. PIRRIE, M.B., D.P.H.

The Instrument.

The audiometer consists of a gramophone with the sound-box replaced by an electro-magnetic pick-up, which relays the sounds to single earpiece telephone receivers ; up to forty earpieces can be used at the same time without impairing the efficacy of the apparatus. The records used have on them either two or four series of twelve numbers, each number having three digits in it. The first number in each series is comparatively loud, the succeeding numbers decreasing in intensity (loudness) by three decibels each time. The method of electrical recording allows of very careful control of the intensities of the sounds.

The Test.

The procedure to be followed is explained to the class, which has in front of it the test papers, which are to be completed ; a half-completed paper is shown on the blackboard, and, perhaps, the first three numbers given to them to give them confidence at the start. Each child then places the earphone over the ear to be tested, so that it fits snugly, and the record is started. The instructions are repeated at the beginning of the record, and the child has then to write down the numbers as he hears them. After one ear has been tested with four series, the earphone is changed to the other ear, and the test repeated.

Advantages.

(i) There is no simple, accurate, method of testing a child's hearing in school ; the ordinary voice tests, the watch tests, etc., are very inaccurate, and are only certain of discovering those children who are so deaf that their teacher has probably already discovered them. The gramophone audiometer will pick out and classify children with the very slightest impairment of hearing in *one* ear long before it has made any difference to their ability to hear in class.

(ii) The tester need have no special training, but must be patient and capable of understanding, and explaining the difficulties that children may have in performing the test.

(iii) Forty children can be tested at a time, and it is supposed only to take twenty minutes ; but with preliminary explanations and pauses to allow for the cessation of outside noises, this may be doubled.

(iv) Children who have been described as lazy or dull are frequently found by this test to be backward solely as the result of their defective hearing, which defect can be remedied or lessened with great benefit to their mental development.

(v) The test is a practical test in that it is a recording of the normal human voice, and not some special sound as in the forced whisper test.

Education.

A very great increase in the interest in the problems of the deaf and partially deaf is occurring, and this interest will probably increase in the future. The totally and the severely deaf children are easy to find, and already receive their education in Special Schools. The partially deaf, however, especially those who have one fairly good ear, while the other is defective, can struggle along in the ordinary school disguising, if they are aware of it, the real cause of their difficulties from their friends, doctors and teachers. Unfortunately this deafness is often progressive, and spreading to the other ear may make his deafness complete and permanent instead of mild and temporary. There is no doubt but that, wherever possible, the education of these partially deaf children should take place in the ordinary school, but, if their deafness is fairly severe, e.g., a hearing loss of more than 15 decibels on the gramophone audiometer, some special provision in the ordinary school will be necessary for them to benefit from their education. This provision may range from a favourable position in the class to the provision of Hearing Aids for use in school ; classes in the teaching of lip-reading should be provided for nearly all. The only way of discovering these defects is by using a gramophone audiometer, or some similar test, and from the point of view, both of preventive medicine and of education, it is essential that they should be discovered.

Results of Testing.

Large scale tests have been carried out both in the United States of America, where it was introduced, and in this country. The incidence of defective children, a hearing loss of more than nine decibels, varies between 5 and 11 per cent., with an average of nearly eight. Our figures agree with these when care is taken with regard to the conditions of testing. Only about 0.2 per cent. will need special educational provision, the others being rather medical than educational problems. The realisation of the severe disability and the large number affected with partial deafness makes it probable that there will shortly be a demand for a survey to be made of the school population to determine those who are partially deaf. The survey, if it is to be effective, must allow as little room as possible for dubious returns, so an instrument like a gramophone audiometer will have to be used.

Disadvantages.

(i) As compared with the present system, a larger staff will be needed if more than a small portion of the school population is to be examined.

(ii) There is a theoretical objection that the deafness discovered by the gramophone audiometer may only be confined to the range of sounds tested, but, as this range is that of the normal speaking voice, and also as this special defect would be discovered by further special testing with, for example, a pure tone audiometer, this objection seems to be of little importance.

(iii) Only intelligent children over the age of eight can be tested by means of the audiometer, as a general rule it is difficult to test children under eleven. Smaller children, as young as four, have been tested by a modification known as Cowan's Frame, where the names of animals and other familiar objects are used instead of numbers, and the child has to press down a picture of the animal named on a frame in front of it, but the explanation takes very much longer, and only six children can be tested at a time instead of forty. Thus the test fails at the most important time, i.e., at the beginning of the child's school career.

(iv) Noise outside the classroom, where the test takes place, for example, the noise inseparable from physical education, or

a class singing in another part of the building, makes the results obtained very unsatisfactory.

(v) Children who are "slow" from any cause in writing or in quickness of perception are heavily penalised; the understanding of dialect where the children do not appreciate the "B.B.C." quality of the speaker's voice may cause difficulty.

In conclusion, the need of some standardized method of testing children's hearing is very great.

If the testing is to be undertaken, the educational and medical facilities for dealing with those found to need them must be made available.

It is to be hoped that an improvement on the gramophone audiometer will, in time, make it possible for this method of testing to be extended to younger children.

References.

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- Report of the Committee of Inquiry into Problems relating to Children with Defective Hearing; Board of Education, 1938.
- A Study of the Deaf in England and Wales, Eicholz, A., H.M.S.O., 1932.
- "The Health of the School Child"; Board of Education, 1931, p. 78; 1933, p. 90; 1937, p. 101.
- Tottenham County Borough, Annual Report of the School Medical Officer, 1934.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections, 31st December, 1938.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	2599
Second Age Group	2809
Third Age Group	2844
Number of other Routine Inspections	—
Total	<u>8252</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	7607
Number of Re-inspections	<u>17100</u>
Total	<u>24707</u>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants	24	219	236
Second Age Group	112	327	425
Third Age Group	148	281	416
Total (Prescribed Groups) ...	284	827	1,077
Other Routine Inspections ...	—	—	—
Grand Total ...	284	827	1,077

TABLE II.

A.—Return of Defects found by Medical Inspection in the year
ended 31st December, 1938.

Defect or Disease.						Routine Inspections.		Special Inspections.	
						No. of Defects.		No. of Defects.	
						Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	...	...	Ringworm : Scalp	...	...	—	—	3	—
			Body	...	...	1	—	11	—
			Scabies	...	...	6	1	69	—
			Impetigo	...	...	14	2	430	—
			Other Diseases (Non-Tuberculous)	...	20	16	1367	130	
Eye	...	...	Blepharitis	...	...	7	5	29	3
			Conjunctivitis	...	...	3	—	28	1
			Keratitis	...	...	—	—	—	—
			Corneal Opacities	...	...	—	—	—	—
			Other Conditions (excluding Defective Vision and Squint)	...	14	9	82	10	
Ear	...	...	Defective Vision (excluding Squint)	...	...	284	285	361	249
			Squint	...	...	13	15	100	29
			Defective Hearing	...	...	67	78	66	7
			Otitis Media	...	...	38	33	128	9
			Other Ear Diseases	...	...	26	52	74	24
Nose and Throat	...	...	Chronic Tonsillitis only	...	...	147	268	12	7
			Adenoids only	...	...	110	69	29	9
			Chronic Tonsillitis and Adenoids	...	...	31	51	147	26
			Other Conditions	...	...	8	13	187	50
			Enlarged Cervical Glands (Non-Tuberculous)	...	...	36	146	23	7
Defective Speech	...	...	Heart Disease : Organic	...	...	26	98	15	15
			Functional	...	...	8	57	—	—
			Anæmia	...	...	19	24	6	1
			Bronchitis	...	...	14	66	27	5
			Other Non-Tuberculous Diseases	...	...	18	131	20	7
Lungs	...	...	Pulmonary :						
			Definite	...	...	1	1	1	—
			Suspected	...	...	10	4	—	—
			Non-Pulmonary :						
			Glands	...	...	1	—	1	—
Tuberculosis	...	...	Bones and Joints	...	...	—	—	1	—
			Skin	...	...	—	—	—	—
			Other Forms	...	...	—	—	—	—
			Epilepsy	...	...	2	2	2	5
			Chorea	...	...	2	8	13	6
Nervous System	...	...	Other Conditions	...	...	28	52	23	6
			Rickets	...	...	5	1	8	4
			Spinal Curvature	...	...	27	105	13	19
			Other Forms	...	...	93	227	142	28
			Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	...	...	73	103	675	202
Total number of Defects						1165	1975	4139	859

TABLE II.—Continued.

B.—Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2599	388	14.9	1851	71.3	353	13.5	7	.3
Second Age Group	2809	311	11.0	2220	79.1	272	9.7	6	.2
Third Age Group	2844	351	12.3	2257	79.4	230	8.1	6	.2
Other Routine Inspections ...	—	—	—	—	—	—	—	—	—
Total ...	8252	1050	12.7	6328	76.7	855	10.4	19	.2

TABLE III.

Return of all Exceptional Children in the Area.

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
8	—	—	—	8

PARTIALLY SIGHTED CHILDREN.

Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not to be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	*9	1	—	2	12

* One case has heart disease.

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
13	—	—	1	14

TABLE III.—Continued.

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf and Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
*5	1	1	—	7

* One case also feeble-minded.

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
64	9	6	8	87

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	2	1	2	12

TABLE III.—Continued.

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A.—TUBERCULOUS CHILDREN.

In this category are placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment are recorded as delicate children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
28	250	3	32	313

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category includes tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	35	—	8	53

B.—DELICATE CHILDREN.

Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
18	23	—	—	41

TABLE III.—Continued.

C.—CRIPPLED CHILDREN.

Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
19	67	3	9	98

D.—CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	1	3	5	15

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect :—

Blindness (excluding Partially Sighted Children).

Deafness (excluding Partially Deaf Children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Feeble-minded and Cripple ...	1	—	1	3	5
Feeble-minded and Epileptic ...	1	—	—	—	1
Feeble-minded, Epileptic and Cripple...	1	1	—	—	2
Deafness and Cripple	1	—	—	—	1

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1938.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding uncleanness, for which
see Group VI).

Defect or Disease. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp—			
(i) X-Ray Treatment ...	—	—	—
(ii) Other	3	—	3
Ringworm—Body	10	—	10
Scabies	69	—	69
Impetigo	431	1	432
Other Skin Diseases ...	2125	1	2126
Minor Eye Defects (External and other, but ex- cluding cases falling in Group II.)	148	—	148
Minor Ear Defects	313	8	321
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	1451	13	1464
Totals	4550	23	4573

TABLE IV.—Continued.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	1375	15	1390
Other defect or disease of the eyes (excluding those recorded in Group I)...	—	—	—
Total	1375	15	1390
	Under the Authority's Scheme.	Otherwise.	Total.
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed	472	15	487
(b) Obtained	470	15	485

TABLE IV.—Continued.

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.												Received other forms of Treatment.	Total number treated.
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
2	16	233	35	1	13	462	9	3	29	695	44	232	1003

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
 (iv) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	51	—	783	—	3	4	821

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children inspected by the Dentist :—

(a) Routine age-groups

Age ...	4	5	6	7	8	9	10	11	12	13	14
Number	144	1535	1693	2054	2009	1661	1671	1528	1684	1838	410
									Total	...	16227
(b) Specials ...										...	2259
(c) Total (Routine and Specials) ...										...	18486
(2) Number found to require treatment										...	10933
(3) Number actually treated										...	9178
(4) Attendances made by Children for treatment										...	15657
(5) Half-days devoted to :—											
Inspection										...	116
Treatment										...	1770
									Total	...	1886
(6) Fillings :—											
Permanent Teeth										...	7678
Temporary Teeth										...	49
									Total	...	7727
(7) Extractions :—											
Permanent Teeth										...	4245
Temporary Teeth										...	15881
									Total	...	20126
(8) Administrations of General Anæsthetics for Extractions										...	3932
(9) Other Operations :—											
Permanent Teeth										...	591
Temporary Teeth										...	—
									Total	...	591

TABLE VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per School made during the year by the School Nurses	...	...	...	8
(ii.) Total number of examinations of Children in the Schools by the School Nurses	...	...	...	76482
(iii.) Number of individual Children found Unclean	...	...	...	1861
(iv.) Number of individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...	...	398
(v.) Number of cases in which Legal Proceedings were taken :—				
(a) Under the Education Act, 1921	...	...	...	4
(b) Under School Attendance Bye-laws	...	...	...	—

SECONDARY SCHOOLS.

GRAMMAR SCHOOL FOR GIRLS.

The health of the pupils has been good on the whole. There was a minor outbreak of plantar warts in spite of rigid precautions as to shoes, stockings, shoebags etc., and daily washing of the pavilion and showerbath floors with strong disinfectant. It is suggested that infection may occur at the Skating Rink which is increasingly popular with school children.

Inspection was carried out weekly in the Autumn term, and fortnightly in the other terms. It was disappointing to note the number of rickety deformities in 10 and 11 year old entrants, both in "special place" and fee paying pupils. This suggests that feeding was unsatisfactory in 1927—1929 and though the deformities are of a minor character, they are only slightly influenced in the course of the school career and they tend to interfere with the ideal fitness at which the Nation aims. Postural deformities are treated by the physical education teachers, and often show rapid improvement. They are more evident at a slightly later age.

Where the Education Committee are satisfied of its necessity the school dinner is given free and certain pupils showed marked improvement in nutrition at the second inspection.

One or two chronic mouthbreathers were treated by specialists for sinusitis with marked improvement. This condition is apt to be missed in young school girls. The Asthma Clinic at East Park Terrace has been helpful in one or two cases.

While most pupils pass through puberty with ease there are always a few who need special precautions at school.

Dental and Eye Defects were found to be much the same as in 1937. The hours of sleep are still unsatisfactory in many cases.

ST. ANNE'S SCHOOL.

Extensions to this school have been carried out during the year. The Gymnasium has been enlarged, and modernised by the addition of dressing cubicles and showers. There is also a medical inspection room in the new building, which proved to be most satisfactory.

The defects found at the routine medical inspection were mainly those of vision, posture, mild flat foot and in three children unhealthy tonsils. Of those examined the great majority were found to be in perfect health.

KING EDWARD VI SCHOOL.

The move to the new buildings in Hill Lane took place in the autumn, the medical inspections now take place in a special suite of three rooms, used for the treatment of minor casualties, instead of the malodorous dining-room of the old school. From the hygienic point of view the new buildings are excellent; there are two well-equipped gymnasia. It is to be hoped that there will be an improvement in the well-being of the boys. A hot meal is now served at mid-day for those who wish to take it; full use is made of the milk-in-schools scheme. The most common and most serious defect found upon examination was, as usual, defective vision. Defects of posture are too common in these boys, but that has probably always been a charge laid by adults against adolescents.

ITCHEN SECONDARY SCHOOL (GIRLS).

As in previous routine medical inspections the nutrition and general health of the girls was found to be of a high standard. A few cases of mild flat foot and round shoulders were referred to the Physical Training Teacher, who conducts special classes for the correction of these defects. Posture on the whole was very satisfactory.

ITCHEN SECONDARY SCHOOL (BOYS).

A medical inspection was carried out in the Autumn term, the majority of the children inspected being "entrants."

The health of the pupils was remarkably good, very few serious defects being found, and most of those who had received treatment, as a result of previous inspections, showed improvement.

There were a number of minor postural defects found and these cases were brought to the notice of the physical training instructor, who showed a keen interest, and promised his special attention.

There were a number of cases in which the hours of sleep appeared insufficient, and the headmaster gave valuable assistance in impressing the importance of proper sleep on the parents.

It is interesting to note that no cases of plantar warts were found, although many have been reported from other secondary schools.

Defects of vision again accounted for a large number of the children requiring treatment and observation.

TAUNTON'S SCHOOL.

At Taunton's school the arrangements for medical inspection remain excellent. There is very little to report on the findings at the medical examinations ; for the defects were as usual mainly ophthalmic and dental. However, it is interesting to note that several boys with undescended testicles have been kept under observation and referred to their own doctors for any necessary treatment.

SECONDARY SCHOOLS.

TABLE I.

Return of Medical Inspections during the Year ended
31st December, 1938.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections :—

							Boys.	Girls.
Girls' Grammar School	...	...	...	...	...	—	305	
King Edward VI School	...	...	...	...	...	208	—	
St. Anne's Secondary School	...	...	...	...	...	—	60	
Taunton's School	...	...	...	...	...	212	—	
Itchen Secondary School	...	...	...	...	...	92	110	
						512	475	
								987
Specials	...	...	...	...	...	53		
Re-inspections	...	...	...	...	...	111		
								164
								1151

B.—Number of Individual Pupils found at Routine Medical
Inspection to require Treatment
(excluding uncleanness and dental diseases).

Group.					Number of Children.		Percentage of Children found to require treatment.
					Inspected.	Found to require treatment.	
Boys	...	...	...	...	512	102	19.9
Girls	...	...	...	...	475	58	12.2
Total	...	...	...	...	987	160	16.2

TABLE II.

A.—Return of Defects found by Medical Inspection
in the Year ended 31st December, 1938.

Defect or Disease.	Routine Inspections.	
	Number of Defects Found— Requiring Treatment.	Requiring Observation.
Skin Defects—		
Ringworm—Scalp	—	1
Scabies	1	—
Impetigo	1	—
Other Conditions	3	2
Eye Defects—		
Blepharitis	—	1
Defective Vision	71	19
Squint	1	—
Other Conditions	1	1
Ear Defects—		
Defective Hearing	5	15
Otitis Media	1	1
Other Conditions	4	6
Ear, Nose, and Throat Defects—		
Tonsils only	7	39
Tonsils and Adenoids	1	5
Adenoids	1	5
Other Conditions	4	1
Enlarged Glands	1	23
Defective Speech	—	2
Heart Disease—		
Organic }	1	36
Functional }		
Anæmia	—	4
Lung Defects—		
Bronchitis	1	1
Other Conditions	5	20
Tuberculosis—		
Pulmonary	—	1
Suspected	—	1
Nervous Defects—		
Other Conditions	1	8
Deformities—		
Rickets	—	2
Spinal Curvature	3	8
Other Conditions	23	152
Teeth	30	81
Mental Condition	—	2
Other Defects or Diseases	27	27

TABLE III.

Return of Defects treated during the Year ended
31st December, 1938.

Group I.—Defects of Vision and Squint (excluding Minor Eye
Defects treated as Minor Ailments).

Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	By Private Practitioner or Hospital apart from L.A.'s Scheme. (3)	Total. (4)
Errors of Refraction (including Squint)	124	12	136
Other Defect or Disease of the Eyes	—	—	—
Totals	124	12	136

Total number of Children for whom Spectacles were prescribed :

(a) Under the Authority's Scheme	...	...	59
(b) Otherwise	...	...	11

Total number of Children who obtained or received Spectacles :

(a) Under the Authority's Scheme	...	...	59
(b) Otherwise	...	...	11

Group II.—Treatment of Defects of the Nose and Throat.

Received Operative Treatment.			Received other forms of treatment.	Total treated.
Under the Authority's Scheme in Clinic or Hospital. (1)	Otherwise. (2)	Total. (3)		
—	—	—	6	6

TABLE III.

Secondary School Children treated in 1938.

Group III.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Age.					
Routine Age Groups	{	5	...	—	}	Total	... 1164
		6	...	—			
		7	...	1			
		8	...	1			
		9	...	4			
		10	...	37			
		11	...	155			
		12	...	174			
		13	...	146			
		14	...	281			
		15	...	173			
		16	...	119			
		17	...	50			
		18	...	23			
Specials	59
Grand Total							1223

(b) Found to require treatment ... 573

(c) Actually treated ... 351

(2) Half-days devoted to : { Inspection 12 }
Treatment —† } ... Total 12

(3) Attendances made by Children for Treatment ... 818

(4) Fillings { Permanent Teeth 983 }
Temporary Teeth — } ... Total 983(5) Extractions { Permanent Teeth 213 }
Temporary Teeth 80 } ... Total 293

(6) Administrations of General Anæsthetics for Extractions 78

(7) Other Operations { Permanent Teeth 71 }
Temporary Teeth — } ... Total 71

† Inspection was carried out in Secondary Schools, but no special sessions were devoted to treatment.

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